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UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF PHILOSOPHY IN NURSING

TRANSITION TO NURSING HOME OF KOREAN-AMERICAN ELDERS

by

Myungja Kim Hahm

A dissertation presented to the

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requirements for the degree

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Dissertation Committee

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ABSTRACT

The purpose of this study was to explore factors affecting Korean-American (KA) elders during the transition to nursing homes in the first month following admission. The three aims of this proposed study were (1) to explore culture specific factors that affect KA elders' perspectives during the transitional period to a nursing home, (2) to identify thoughts and feelings of KA elders about their admission into a nursing home, (3) to describe the adjustment process associated with admission to a nursing home.

A grounded theory design was utilized to explore KA elders' perceptions/experiences associated with adjustment to a nursing home. Open-ended, semi-structured in-depth interviews of 15 newly admitted elders were conducted in Korean within one week of admission and again after one month of admission to the nursing home. Data were transcribed verbatim from the audio-recorded interviews, translated into English, and analyzed using a constant comparative method of analytic induction.

In the process of Finding My Last Home, four subcategories of Fearing the Future, Deciding to Leave, Struggling to Adjust, and Finding "Pyung-Aan" (Peace of Mind) reflected KA elders' thoughts and feelings, while culture specific factors influenced adjustment, and consequences of the adjustment process. Fearing the Future, the context for this study, reflected reasons causing fear which included loss of familiar surroundings, unknown nursing home life, deteriorating physical condition, and new relationship with their children. Deciding to Leave reflected the conditions to leave their homes and the moving process. Although many other reasons made KA elders decide to admit to a nursing home, most elders stated that they wanted to avoid being a burden to

their family. In the process of Struggling to Adjust, internal determinant factors were particularly critical and included personal characteristics, physical condition, and cultural background. External facilitators were identified as maintaining relationships, living environment, culture specific care, rules and regulations, and supportive care. Finding “Pyung-Aan” (Peace of Mind) was identified as a consequence of an elder’s experience in the nursing home. KA elders who felt that the nursing homes were their home had increased sense of relief and security. However, elders who did not adjust to a nursing home increased discontent and expressed feelings of insecurity and suffering.

Although this study focused on KA elders’ perspectives about nursing home admission, future longitudinal research including other geographic areas and family members should refine the nursing home adjustment process and the concurrent family members’ perspectives. The results of the research can be applied to nursing practice in order to help make the transitional process smoother.

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DEDICATION

This dissertation is dedicated to the elderly Korean parents
who are struggling to find their last homes on the earth.

May these findings help their life course easier.

With love I also dedicate this dissertation to my mother,
who always believed in and sustained me.

Dear mother, I wish you to know that your extraordinary gifts of love and belief
helped me to complete this dissertation.

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Completing my doctoral dissertation has been the most difficult task in my academic life. I have been thinking to give up many times however, so many people encouraged me to continue and complete it. I would like to thank the following people for their dedication and contributions, without which this dissertation could not have been written.

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Daphne Grundy, for always believing in me and encouraging me not to quit. The sail gift you gave me is always decorating the corner of my desk. I liked to read the written message: when things go wrong, as they sometimes will; when the road you're trudging seems all uphill; when the funds are low, and the debts are high; and you want to smile, but you have to sigh; when care is pressing you down a bit, rest if you must, but don't you quit. Thank you for being such a sincere friend from the time we met in a nursing home twenty years ago.

Lastly, I would like to thank all of the elderly Korean participants in this research for sharing their stories.

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CHAPTER I. FOCUS OF THE INQUIRY

Admission to a nursing home is a major life event (Kane, 2001; Morgan, Reed, & Palmer, 1997; Nolan & Dellasega, 2000; Ryan & Scullion, 2000) for elders. The effects of relocation of elderly have been studied extensively for several decades (Castle, 2001; Lieberman, 1961; Mallick & Whipple, 2000; Morse, 2000; Nay, 1995; Nolan & Dellasega), but lack of consensus regarding the effects of relocation to a nursing home continues to be the subject of debate (Bourestom & Pastalan, 1981; Castle; Nay). Some studies in the 1960s and 1970s (Killian, 1970; Lieberman; Markus, Blenkner, Bloom, & Downs, 1971) suggested that moving to a nursing home could worsen health and hasten death. Although there have been many contradictory studies which identified positive effects associated with relocation of the elderly (Lawton & Cohen, 1974; Morris, 1975), most revealed negative outcomes related to mortality, morbidity, and psychological and social changes (Aneshensel, Pearlin, Levy-Storms, & Schuler, 2000; Castle; Nay).

The terms often used to describe the difficulties of elders' relocation are transfer trauma, relocation stress, admission stress, relocation shock, translocation syndrome, relocation crisis, and transplantation shock (Carpenito, 2000; Castle, 2001). Feelings of abandonment, stress and uncertainty, loss of a home and opportunities for contact with family and friends, increased confusion, depression, anxiety, anger, and loneliness are described as symptoms of relocation stress syndrome (Carpenito; Mallick & Whipple, 2000; Mikhail, 1992).

In order to help elders in the difficult transitional period, many researchers explored the meaning of relocation (Iwasiw, Goldenberg, MacMaster, McCutcheon, & Bol, 1996; Johnson, 1996), successful relocation (Castle, 2001; Kane, 2001; Rantz &

Egan, 1987), adaptation stages (Amenta, Weiner, & Amenta, 1984; Brooke, 1989; Lee, Woo, & Mackenzie, 2002; Potter & Berger, 1974), or developed a framework for research and practice (Schumacher, Jones, & Meleis, 1999). However, the majority of the studies were performed in western countries and are not applicable to Asian populations, specifically Korean-Americans (KAs).

Although KAs in the United States are one of the fastest growing ethnic minorities, there have been few studies of KA elders, and fewer studies of KA elders who reside in nursing homes. Even though there are no supporting statistical data, most of the clinicians or researchers who have had experiences of working with KA elders agree that when KA elders become incapacitated or require help for their daily living, they tend to move into nursing homes rather than live with their adult children. While it is likely that residential caring facilities will continue to be an important and vital source of care for many elderly people in the United States, little is known about KA elders.

It is well-known that traditional family caregiving and filial piety have been a cultural norm over a long period of time in Korea, China, Japan, and other Asian societies influenced by Confucian philosophy (Kim, K., Kim, S., & Hurh, 1991). In Hashizume's (1998) study of the Japanese elderly, the author identified the stigma associated with institutionalizing an elder in a nursing home. For Koreans, "It is considered most shameful, pitiful, and even sinful if children fail to fulfill their filial piety to their elderly parents" (Pang, 2000, p. 30).

However, within the rapidly changing context for caring for aged parents, the traditional expectation of filial piety severely strains intergenerational relationships between elderly parents and adult children (Kim et al., 1991). Therefore, a study of KA

elders' perceptions and experience of transitioning to a nursing home is necessary to support KA elders and their adult children who are expected to provide care.

Purpose of the Study

Although most existing literature on Korean immigrant elders focuses on Korean traditional values, such as Confucianism or filial piety, Moon (1996) pointed out that Koreans' lives in the USA can not be considered as an extension of traditional Korean lifestyles. The impact of immigration and acculturation has influenced Korean family values and lifestyles. In a new environment in the United States, traditional Korean values and expectations of elders have been eroded. Kim (1997) stated that almost seventy percent of Korean elderly people prefer to live independently. Once elderly parents separate from their children's households, it is difficult for them to go back to their children when they need long-term care.

The purpose of this study was to explore factors affecting KA elders during the transition to a nursing home. The three aims of this proposed study were (1) to explore culture specific factors that affect KA elders perspectives during the transition period to a nursing home, (2) to identify thoughts and feelings of KA elders about their admission to a nursing home, and (3) to describe the initial adjustment process associated with admission to a nursing home.

Qualitative research with grounded theory methodology in the symbolic interactionist framework were utilized to achieve the specific aims of this study (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1994). The grounded theory approach facilitates the discovery of social psychological process from participants' experiences that leads to

theory formulation. This method is useful in studying KA elders' experiences during the transition period to a nursing home since very little research has been conducted.

Philosophical Underpinnings

The central philosophical position in symbolic interactionism is the notion that individuals can acquire identity only through interacting with others (Blumer, 1969). This philosophy was developed as a form of protest against Watson's behaviorism (Baert, 1998). Interactionists focus on the subjective aspects of social life, rather than on the objective. Human actions should not be seen as similar to animal behavior, and should not be explained and predicted through a stimulus-response mechanism (Baert).

Although the term symbolic interactionism was coined by Herbert Blumer in 1937 and the theoretical perspective was in full swing in the 1960s, George Herbert Mead is credited as being the central figure in the development of symbolic interactionism (Baert, 1998). Mead regarded that symbols were the basis of individual identity and individuals can adjust their behavior continuously to the actions of other actors. The self, one of Mead's core concepts, is social not only because of interaction with others, but also because of its dependency on the sharing of symbols, in particular language, with other selves.

Blumer took Mead's ideas and developed them into a more systematic approach. He came up with three core principles to his theory. They are meaning, language, and thought. Humans act based on meanings that they have assigned. Language is used as the symbols of meaning emerge from social interaction. The thought process modifies the individual's interpretation of symbols and shapes an understanding of others and themselves. He explains the creation of a person's self and socialization in the larger

community with these core principles (Blumer, 1969). Blumer sees that the symbolic meaning of the event is transmitted through both verbal and nonverbal interactions.

Blumer (1969) sees humans as pragmatic actors who must continually adjust their behavior to the actions of other actors. His four central ideas of symbolic interactionism were: individuals have selves and a capacity of self-interaction; people regularly redefine each other's acts in social life which leads to new interactions or new types of behavior; people act towards their environment on the basis of meaning; and people have to build up their actions to fulfill their roles in societal organizations.

Blumer (1969) stated that:

The term "symbolic interaction" refers, of course, to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the fact that human beings interpret or "define" each other's actions instead of merely reacting to each other's actions. Their "response" is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions.

(p. 78-79)

Humans mirror others' behaviors, and develop unique ways to communicate symbolically with increasing interactions. Symbolic interactionism is concerned with the study of the subjective aspects of social life (Baert, 1998). The interactionist theorist sees humans as active, creative participants who construct their social world, not as passive, conforming objects of socialization. Society consists of organized and patterned interactions among individuals (Baert).

For this study, symbolic interactionism provides a basic philosophy and strategy for understanding the behavior of KA elderly people through interview and observation. Grounded theory methodology (Glaser & Strauss, 1967) in symbolic interactionism will be used to study KA elderly people's adjusting behaviors as they occur during the transitional period to nursing homes.

Significance of the Study

The 2000 U.S. census identified 35 million elderly, age 65 or older, representing 12.4% of the total population (U. S. Bureau of the Census, 2000). There are about 1.6 million elderly people residing in residential care homes in the United States.

Among the 11.9 million Asian-Americans, the Korean-Americans are the fourth largest group with a population of 1.2 million which is a 154% increase since 1990 (U.S. Bureau of the Census, 2000). The population of KAs 65 years of age or older increased at an even faster rate (309%), rising from 8,613 in 1980 to 35,247 in 1990 (U.S. Bureau of the Census, 1990). As the numbers of KA elders increase, the number of KA elders residing in nursing homes is also expected to increase.

KAs maintain the highest level of ethnic bonds of any Asian ethnic group (Mangiafico, 1988). They speak Korean, eat Korean food, and practice Korean customs most of the time. Elderly people cling even more to Korean food, language, customs, and newspapers. Thus, they are likely to assimilate at a slower rate compared with other Asian immigrant groups (Chang, 1999). The reasons for high ethnic attachment among Koreans are that Korea is a small, homogeneous country with one language, and most KAs are affiliated with Korean ethnic churches (Min, 1995).

Based on Korean traditional family values, parents expect to live with their children and to be taken care of at home when KA elders require help for their daily living. However, in the rapidly changing context for caring for aged parents, KAs currently encounter a great deal of difficulty in meeting traditional expectations in the United States (Yoon, Eun, & Park, 2000). No data are available regarding the number or characteristics of KA elders residing in nursing homes.

Generally, elderly people and families experience emotional distress, interpersonal conflict and uncertainty (Johnson, Morton, & Knox, 1992; Michels, 1988) during the transitional period to a nursing home due to lack of information about nursing homes and boundaries for family involvement there (Schumacher, Jones, & Meleis, 1999). Schumacher et al. developed a framework for gerontological nursing and argued that a transition perspective provides the gerontological nurse with a powerful means of understanding and responding to the needs of elderly people. They described types and patterns of transition, characteristics and indicators of healthy transition processes, and identified several nursing therapeutics that can facilitate smooth transitions for elderly people. They emphasized the necessity of more study for further description of transition patterns, processes, refinement of nursing therapeutics, and suggested gerontological nurses refine and extend the framework. Elderly people experience multiple transitions related with health, and nurses are the ones who play a significant role during their difficult transitional period especially when they relocate into a nursing home.

Providing culturally oriented nursing practice regardless of age, sex, and cultural background, is essential for the provision of culturally congruent care (Leininger & McFarland, 2002). Since Madeleine Leininger founded the field of transcultural nursing in

the mid-1960s (Giger & Davidhizar, 2004), there has been a major cultural care movement in the last few decades. Transcultural nursing concepts are being incorporated into the curricula for student nurses (Giger & Davidhizar). A variety of organizations, professional publications, and electronic resources provide support to develop transcultural nursing (Andrews, 2003). Although there are many works of literature on patient approaches in culturally diverse situations and nurses are beginning to research and study issues, up to now relatively few theories on transcultural nursing have been established (Giger & Davidhizar).

To develop the emerging body of knowledge in transcultural nursing, it is necessary to review an established conceptual framework. Leininger's sunrise model which depicts her theory of cultural care diversity and universality is based on a cultural care worldview to provide culturally congruent care (Leininger, 1991). The model explains components of the social structure and worldview factors that influence cultural care and well-being: technological factors, religious and philosophical factors, kinship and social factors, cultural values and lifeways, political and legal factors, economic factors, and educational factors. The three modes of nursing decisions and actions are presented to provide culturally congruent nursing care: cultural care preservation and/or maintenance, cultural care accommodation and/or negotiation, and cultural care repatterning and/or restructuring. Leininger's model has served as the prototype for the development of other culture specific nursing models (Giger & Davidhizar, 2004). Leininger's theory of cultural care diversity and universality has been criticized for its lack of clarity in describing key concepts (Mulholland, 1995), and failure to recognize the power relations between nurse and the culturally unique individual (Culley, 1996). A nurse might ignore or minimize the

significance of power, inequality, and racism as embedded in institutions as the result of personal bias, and lack of knowledge concerning the cultural context in which these customs are practiced (Price & Cortis, 2000).

In order to find out differences among culturally appropriate models, Tripp-Reimer, Brink, and Saunders (1984) analyzed nine models: Aamodt (1978), Bloch (1983), Branch and Paxton (1976), Brownlee (1978), Kay (1978), Leininger (1977), Orque (1983), Rund and Krause (1978), and Tripp-Reimer (1984a). They concluded that there were no significant differences among the models because they all tried to identify major cultural domain which influence the culturally appropriate care to be provided.

Giger and Davidhizar's transcultural assessment model (1990) focuses on the discovery of culturally relevant facts about the client to provide culturally competent care. It is important to engage in a cultural assessment in order to provide culturally competent nursing care for people from diverse backgrounds. Each individual is culturally unique and a product of past experience and cultural beliefs. Six cultural phenomena are to be considered to provide culturally diverse nursing care: communication, space, social organization, time, environmental control, and biological variation. Giger and Davidhizar (2004) developed a systematic approach to evaluate those six essential cultural phenomena for appropriate cultural nursing care. Their metaparadigm for transcultural assessment model includes (1) transcultural nursing and culturally diverse nursing, (2) culturally competent care, (3) culturally unique individuals, (4) culturally sensitive environment, and (5) health and health status based on culturally specific illness and wellness behaviors.

Giger and Davidhizar's transcultural assessment model has been applied to the care of various clinical clients (Giger, Davidhizar, & Wiecezorek, 1993; Giger, Davidhizar,

Evers, & Ingram, 1994) and refined (Burk, Wieser, & Keegan, 1995). Earp (2004) proposed for analyzing the cultural beliefs and health behaviors of KAs by utilizing the Giger and Davidhizar's transcultural assessment model as an underpinning for assessment. However, little is known about KA elders who have to relocate to a nursing home, a situation described as one of the most difficult faced by elderly people and their families.

Research on elderly KAs is in the explorative stage. To find articles on the KA elders, I searched the following databases: CINAHL, Hapi, Medline, PsycINFO, ERIC, and OCLC. Search terms included Korean-American, elderly, aged, relocation, transition, transfer, nursing home, Korean elderly, and Korean-American elderly. The search process yielded a total of 53 publications that focused on the KA elders. Identified topics studied for the KA elders were: health belief and behavior, family caregiving, parent living arrangement, community services, advanced directives, and others. None of the studies were performed for KA elders' transition experience of nursing home life. To develop culturally competent nursing practice during elderly people's difficult transitional period, extensive research in this area is necessary.

Therefore, this study will attempt to identify KA elders' perceptions of their transition experience to nursing home life. Because living in a nursing home has not been a traditional residential setting for the KA elder, identifying culturally specific factors that affect their perspectives during the transitional period to a nursing home would allow development of culturally tailored intervention to improve adjustment in nursing home. The information derived from this study will make a significant contribution to the care of the KA elders in nursing homes during their difficult time. Particular emphasis will be placed on identifying influencing factors of nursing home life at the early stage of KA

elders adjustment and reconstructing a positive value within the nursing home context at each phase.

CHAPTER II. CONTEXT OF THE INQUIRY

This literature review will focus on the phenomena related to the transition to a nursing home of KA elderly people. The literature review is divided into two sections. Section one examines the literature on KA elders' ethno historical background to provide the foundation of this study: general ethno history of the Korean people, family values, and migration pattern to the United States. In section two, the analysis of literature on transition of elderly people to nursing homes, including perceptions of transition to a nursing home, the adjustment process after admission, interventions to facilitate successful transition into a nursing home, and transition to a nursing home in different ethnic groups, will be discussed.

Ethno History of Korean-Americans

Korea is a peninsula located in Southeast Asia, surrounded by China, Russia, and Japan. The total area of the Korea peninsula is similar in size to the United Kingdom. Korea has a temperate climate with four distinctive seasons, and beautiful mountains and rivers. The temperature ranges from -5 F in winter to 80 F during the summer. Korea was a single nation before World War II. But it was divided into two parts in 1945. South Korea, with a strong anti-communist sentiment, occupies the southern half of the peninsula and North Korea has a Communist government. Seoul is the capital city of South Korea and the heart of the country's business, economic, social, and cultural activity (The world book encyclopedia, 1991).

The population of South Korea was about 40 million in 2000 (Korea National Statistical Office [KNSO], 2004). The population growth rate is declining and zero population growth rate is anticipated in 2023 if the decreasing trend is to continue

(KNSO). The fast growth rate of the elderly population is of great concern in Korea recently. It is projected that one in eight Koreans will be age 65 or older by 2020 (Yoon, Eun, & Park., 2000).

The traditional culture of Korea possesses distinct characteristics inherited over its 5000-year history. Taoism and Confucianism have influenced the Korean people for a long time (Korean American, 1995). But now, Buddhists, Protestants, and Roman Catholics comprise three major religions in South Korea (The world book encyclopedia, 1991). Koreans have remained a homogenous people and use a unique language. Hangeul, the Korean alphabet, is an invented unique phonetic writing system and consists of 10 vowels and 14 consonants (Korean Overseas Information Service [KOIS], 2003).

Korea, once known to be one of the poorest countries in the world, has achieved incredible economic success in Korea's recent history. From 1962 to 2002, Korea's Gross National Income per capita soared from \$87 to about \$10,013 (KNSO, 2004). High savings and investment rates, and a strong emphasis on education are the sources of success for the Korean economy (KOIS, 2003). Currently, the information technology (IT) industry stands as the most crucial sector in the Korean economy. Major export items of the Korean IT industry include semiconductors, mobile phones, monitors, and satellite broadcast receivers (KOIS).

As the economic development and living conditions of Koreans improved, the educational level of women also increased. With an increasing number of women entering professional jobs, the government passed the "Equal Employment Act" in 1987 to prevent discriminatory practices against female workers (Korean Women's Development Institute [KWDI], 2001). Traditionally, Korean women's roles were confined to the home. They

obeyed their fathers when they were young, were subservient to their husbands after marriage, and followed their sons when they aged, according to Confucian philosophy. However, today, Korean women work in a wide variety of fields without gender differences and make significant contributions to society. The Korean government enacted the Women Business Support Act in 1999 and established the Ministry of Gender Equality in 2001 to facilitate women's employment and to support Korean women's organizations (KWDI). The Women Scientists Support Act of 2002 calls for the government to train and to provide employment opportunities for women scientists. As of 2002, 514 women's organizations were registered with the government (KOIS, 2003). Today, Korean women are working in diverse fields such as education, medicine, engineering, the arts, law, literature, and sports, just to name a few.

Family Values

As Korea experienced rapid economic growth and the rate of women taking part in economic activities increased, the role of women in the family has changed tremendously. Traditionally, Koreans lived in extended families. One household included several generations, married siblings and their children. For home management and to prepare for future roles as wife and mother, women were expected to have the virtues of subordination and endurance. They could not participate in society as men did. Traditional Confucian culture shaped Korean women's roles as obedient daughter and wife.

For Koreans, the family is the primary source of support for its members, and adult children play a vital role in supporting their elderly parents. Strong family values have been derived from the teachings of Confucius (Kim et al., 1991). Koreans have had the cultural tradition of filial piety for generations. The purpose of filial piety is to enhance or

maintain family harmony and the practice of responsibility to support and satisfy their parents' wishes. It remains in the Korean cultural context as the most important value that regulates young generations' attitudes and behaviors toward parents and elders (Sung, 2000).

However, as the role of women in the family changed with rapid economic growth, the relationship between married couples has transformed to be a mutually cooperative relationship. More and more women make all the significant final decisions concerning children's education and budget in the household. The Korean government revised the family law in 1989, expanded the scope of family with maternal relative, and narrowed paternal relative (KWDI, 2001). The current law stipulates equal rights of property inheritance for men and women (KWDI). Today's Korean women are very different from their mothers. They constantly try to expand their potential both in the home and in society (KOIS, 2003).

As the result of all these changes, many people moved to large cities for employment. Due to the formation of the nuclear household, the average size of the family has been decreasing and elderly people living away from their adult children are increasing (KOIS, 2003). Today, one out of five women over 65 years old live alone apart from their adult children (KOIS). Generally, caring for aged parents was considered the women's task, especially the eldest son and his wife (Pang, 2000; Sung, 2000). The majority of eldest sons feel obligated to care for their elderly parents and they feel guilty for not living with their parents (Yoon et al., 2000).

Filial Piety in Korean Immigrant Families

The KAs currently encounter a great deal of difficulty in maintaining their traditions and practicing the traditional expectation of filial piety under their changing life conditions in the United States (Korean Americans, 1995; Kim et al., 1991). In Kim et al.'s study of filial piety and intergenerational relationship in Korean immigrant families, they argued that it is extremely difficult for Korean immigrant families to practice filial piety as traditionally expected. The traditional expectation of filial piety severely strains intergenerational relationships between elderly parents and adult children. Using verbatim, Pang (2000) explained KA elderly parents' expectation of their children's filial duty as follows:

Elderly Koreans are lonely because they feel depressed and angry because, naturally, they tend to think their children neglect them. It gets worse because they have immigrated to a new environment. Their depression could be *hwabyung*. Some elderly parents are not satisfied with the amount of filial behavior that their children render and they feel betrayed and rejected. They express their hurt feelings in various ways. Some of them even go berserk in the worst situations. They only have thoughts of death. They say it is much better to die than live like that in old age. They are just living because they are alive. (p. 157)

Hwabyung is a Korean idiom describing anger illness which explains physical and emotional distress.

Therefore, Kim et al. (1991) suggested that elderly parents should give up their native way of life, and their traditional expectation of filial piety should be modified for an effective adaptation in the United States. Pang (2000) also strongly recommended taking

opportunities for enhancing mutual understanding between adult children and elderly parents. Also, she stated that there should be no room for self-pity, complaining, blaming, resenting, or being regretful among elderly Koreans. Thus, adult Korean children should teach and help their parents with self-care as much as possible so that their elderly parents will become self-sufficient and independent, and maintain harmonious relationships with their children.

Korean Immigration to the United States

The immigration of Koreans to the United States has been grouped into three waves (Korean American, 1995). Most Korean elderly in the United States immigrated to reunite with their adult children and are likely to increase under current immigration policy (Moon, 1996). This section addresses the patterns of Korean immigration history to the United States to understand KA elderly people.

The First Wave of Immigration

Korean immigration to the United States officially began when 101 Koreans landed in Honolulu on January 13, 1903 to work as laborers on Hawaiian sugar plantations (Chang & Kim, 1995). Many Koreans migrated to the United States for social, economic, and political reasons. Others wanted to practice their Christian faith freely, pursue an education, or resist the Japanese occupation (Korean American, 1995).

At the turn of the century, Korea was severely damaged politically and economically by war among China, Japan, and Russia. Koreans suffered from poverty, starvation, political instability, and natural disasters, such as flood and famine. Imperial powers such as China, the United States, France and England also were eager to expand their territories and secure colonies in Asia for industrial countries, because colonies

provided natural resources, cheap labor, and markets for finished goods (Chang & Kim, 1995).

American missionaries played an active role in the first wave of Korean immigration to the United States, and the import of western culture into Korea. During the late nineteenth century, American missionaries came to Korea to introduce Christianity. Korea was a Confucian society, thus Christian missionary activities were prohibited. However, when a medical missionary became a trusted advisor to the king of Korea, the king allowed his subjects to go to Hawaii to escape several years of famine. Confucian teachings strongly discouraged migration from ancestral lands. Yet, American missionaries promoted Hawaii as a “land of paradise” to recruit sugar plantation workers, and urged Korean converts to Christianity to migrate to Hawaii. They portrayed Hawaii as a place where they could find a mild climate, high wages, educational opportunities, and religious freedom (Chang & Kim, 1995).

The Second Wave of Immigration

Korean immigration increased rapidly with the passage of the 1965 amendment of the Immigration and Naturalization Act (Earp, 2004). This act abolished racist immigration restrictions and opened the door to all potential immigrants.

The Korean War also motivated many people to migrate. At the end of the war in 1953, many South Koreans left the country (Korean American, 1995). Thinking of the future, they wanted their children to grow up without the threat of war. Other South Koreans left for economic opportunity for themselves or to provide better educational opportunity for their children. South Korea had more medical workers than it could use and America had too few. Consequently, these Koreans were well-educated professionals

and students who wanted more freedom to live in a developed democratic society. Compared to the first group, second wave immigrants to the United States were competitive, and aggressive in living in America's stronger economy, which created a "brain drain phenomenon" in Korea (Earp, 2004). The Korean American population increased from 70,000 in 1970 to 1.2 million in 2000.

Remigration

Since 1980, almost forty thousand Korean emigrants have returned to Korea, mostly from the United States because of dramatic improvements in economic and living standards in Korea, and the establishment of civilian-controlled government (Korean American, 1995). Also, the conditions in America urged them to return to their homeland. Conflicts with other races have cost some business owners everything they have. For example, in the Los Angeles riots of 1992, some two-thousand Korean-American owned business were destroyed in three days of rioting, with property damage estimated at nearly \$400 million (Korean American). Many KA elders, who have sacrificed all their lives for their children, rarely receive the respect and support in America that they would in Korea. Many KA could not adapt, so they preferred to live out their lives in Korea (Korean American).

In summary, Korean immigrants came to America for a variety of reasons. Many came in search of new opportunities. Earlier immigrants were male laborers with limited education. Economic self-sufficiency has been the most important issue for recent Korean immigrants. The occupational structure of the KA community is composed of one third professionals such as doctor, engineer, lawyer, accountant, one third laborers, and one third self-employed (Chang & Kim, 1995). Reducing disparity in providing health care for

different minority cultural groups is one of the goals of life in the United States. To provide culturally congruent care for KA elderly people, it is important to understand Korean immigrants' history and culture.

Transitions of the Elderly

Rapid expansion of the elderly population in the near future is a commonly expected demographic phenomenon. As people get older, they experience decreasing functional ability, and eventually face the need to choose an appropriate living place for the remainder of their lives. Because of the possibility of relocating to an appropriate place as they get older, this topic is particularly important to elderly people and the nurses who care for them most of the time.

Transition is defined as a process that occurs over time and has a turning point that requires new patterns of response. During the transitional period, people experience internal and external world changes as they perceive the matter. Schumacher et al. (1999) explained the properties of a transition as a significant marker or turning point, process that takes time, and changes in identity, role and patterns of behavior occur. Several conditions that affect transition processes are meanings, expectations, levels of knowledge and skills, environment, levels of planning, and emotional and physical well-being (Schumacher & Meleis, 1994). "Transitions are not fleeting or superficial changes; rather, they involve fundamental changes in one's view of self and the world" (Schumacher & Meleis, p.4).

There are three types of transitions including developmental, situational, and health-illness transition (Chick & Meleis, 1986; Johnson, 1999; Schumacher et al., 1999). Developmental transition occurs with the maturational process throughout the life course.

Situational transition is associated with life circumstance change, such as loss of spouse or financial difficulties. Health-illness transition is explained as the process that occurs in response to changes in health status, such as declining functional ability due to chronic disease or any kind of illness. For the elderly, these three types of transitions can occur at the same time.

Transitions can be described in terms of patterns, single or multiple transitions in a period of time (Schumacher et al., 1999). These multiple transitions could occur in a sequential pattern, simultaneous/related pattern, and simultaneous/unrelated pattern. In sequential transitions, one transition leads to another over time. For the elderly, the death of one's spouse can lead to admission to a nursing home.

Schumacher et al. (1999) developed a theoretical framework for gerontological nursing related to transition and health, and explained characteristics of a healthy transition, unhealthy transition, and nursing therapeutics to facilitate smooth transition for elderly people. Many transitions experienced by elderly people involve loss and are undesired even though some transitions are positive. The goals of nursing therapeutics in this framework are to facilitate healthy transition processes, to decrease unhealthy transition, and to support positive process indicators. Five nursing therapeutics are described that facilitate healthy transitions in elderly people: continuous nursing assessment, reminiscence, role supplementation, creation of a healthy environment, and mobilization of resources.

Relocation as Transition

Relocation has been defined as "the change in environment that takes place when an individual moves from one location to another" (Johnson, 1999, p. 53). Elderly people

could experience four types of relocation: interinstitutional, intrainstitutional, residential, and residential/institutional (Borup, 1982). They could relocate from their own homes to nursing facilities, from one room to another, or from hospital to nursing facilities. The relocation period of elderly people from their homes to a residential aged care facility is a stressful time. Because relocation is recognized as a stressful life event, the nursing diagnosis of relocation stress syndrome (RSS) was accepted by the North American Nursing Diagnosis Association in 1992 (NANDA) (Carpentio, 2000).

RSS includes loneliness, depression, anger, apprehension, anxiety, changes in former eating and sleeping habits, dependency, insecurity, decrease in self-care activities and leisure activities, gastrointestinal disturbances, increased verbalization of needs, restlessness, withdrawal, sad affect, weight change, lack of trust, and a need for excessive reassurance (Carpentio, 2000). As environmental factors cause RSS, the degree of change experienced, the perceived reduction in patient care and the perceived lack of predictability of one's environment were identified. Personal factors influence RSS including an individual's coping strategies, coping barriers, and coping resources (Robinson, 2002).

Recognizing the potential hazards of elderly people's relocation, the United States has passed legislation that protects nursing home residents by minimizing potential transfer trauma. The bill of nursing home residents' rights includes the right to remain in the nursing home. Residents may only be discharged or transferred for medical reasons, or for their welfare or the welfare of other residents. They must be provided with a written 30-day notification of the transfer or discharge (Consumer Justice Group, 2004).

Transition to a Nursing Home

Relocation of the elderly from their homes to other residential aged care facilities is a stressful life transition. Elderly people often imagine nursing home admission as the worst possible event and many elderly people state they would rather die than be admitted to a nursing home. Among different types of relocation, transition to a nursing home has been identified as the most significant relocation affecting older people (Lee, Woo, & Mackenzie, 2002).

The difficulties that elders experience are exacerbated by multiple losses (Lange, 1980), declining health, financial problems and death of a spouse (Rosswurm, 1983), and negative public image of institutional care (Biedenharn & Normoyle, 1991; Kane, 2001; MacDonald, L., Higgs, MacDonald, J., Godfrey, & Ward, 1996). Admission to a nursing home for elderly people means not just a change in physical location of primary living place but many discontinuities in daily life style, social networks, and support (Johnson, 1996). Many of these relocations usually occur involuntarily at a time of crisis (Castle, 2001).

Literature review indicated that the majority of the studies of relocation effects among the elderly have concentrated on moves into or between institutions and on mortality rates (Thomasma, Yeaworth, & McCabe, 1990). It has been known that there is a connection between admission to a nursing home and an increase in mortality and morbidity and hastened death (Aldrich & Mendkoff, 1963; Blenkner, 1967; Bourestom & Tars, 1974; Lieberman, 1961). Aldrich and Mendkoff performed an empirical study of 182 elderly people. They found that the effects of relocation on the mortality rate were concentrated in the first three months and the overall death rate one year later was 32 per

cent which was higher than expected. In Liu and Manton's (1984) study of a one-year nursing home entry cohort of 1.1 million elderly people in the U.S., they found that 24% had died within the first month of admission and an additional 30% of those remaining had died within the following 60 days.

In the 1980s, Borup (1983) reviewed 31 studies related to relocation mortality studies, 28 interinstitutional and three intrainstitutional relocation, and concluded that relocation could be a stressful experience for elderly people but it does not hasten death. In the same year, Horowitz and Schulz (1983) closely reviewed five previous studies and criticized Borup's systematic sample bias by arguing that it was based on healthy individual participants and excluded the vulnerable elderly patients who already had a declining health status or were more likely to become increasingly ill or die.

To determine the effects of involuntary relocation of the institutionalized aged, Thomasma et al. (1990) studied 62 residents who had to move to a newly built home. By using an instrument of the State Anxiety Inventory, they found the elderly people's anxiety level was elevated by the following factors: involuntary relocation; moving to a more dependent environment; loss of possessions; lack of control; lack of privacy; and inadequate preadmission preparation. Elderly people who moved involuntarily showed the greatest negative effects in other studies also (Bourestom & Tars, 1974).

Thorson and Davis (2000) studied 269 elderly people who moved from an old county nursing home to a newly built nursing home, and stated that there was no increase of mortality and morbidity rate after transfer. However, in this study, the elderly people were prepared thoroughly for the up to 18 months before transfer and many precautions were taken in the anticipatory period. During the preparation period, they emphasized

were taken in the anticipatory period. During the preparation period, they emphasized openness of communication between staff, resident, and family by encouraging them to talk about the up-coming move; made residents observe the construction process; made plans to keep the same roommates if they wished; have rooms on the same side of the new building as they had in the old one; trained staff to emphasize the fact of moving as early as 18 months before the event; and provided the same service by the same staff members. Even though relocations disrupt elderly people who are near the end of their lives, the preparation to minimize the impact of that change must be attempted.

By reviewing the major findings of 78 previous studies addressing the relocation of the elderly, Castle (2001) synthesized past research and developed a model showing potentially important factors in the relocation of elders. In this analytic model, the potential negative and positive outcomes of relocation were investigated including changes in mortality rate, morbidity, and psychological or social changes. As factors important in the relocation of elders, the characteristics of elders, voluntary relocation, preparation for move, quality of the new environment, and available activities were described.

Although research into relocation has been in progress, most studies have concentrated on outcomes rather than the process or meaning of relocation (Nay, 1995). For the purpose of this study, the literature review begins with perceptions of transition to a nursing home, the adjustment process after admission to a nursing home, successful transition, and transition in different ethnic groups to facilitate positive adjustment to nursing home life.

Perceptions of Transition to a Nursing Home

In spite of the extensive body of literature addressing the relocation experience, elderly people's perspectives of their relocation transition into a nursing home has been insufficiently acknowledged (Iwasiw et al., 1996). Understanding community-based elderly people's perceptions of the nursing home is important in helping them adjust to nursing home life (Nolan & Delasega, 1999).

Since the perceptions preceding placement influence elderly people's adjustment to a nursing home, Tobin and Lieberman (1976) studied the pre-placement effects through interviewing 37 institutionalized elders and 40 community elders who were on the waiting list for residential care placement at four months before admission and at six weeks, two months, and one year after admission. They found that psychological effects during the anticipatory period were evident, and elderly people on the waiting list had lower self-image, were less emotionally responsive, and less cognitively intact.

Biedenbarn and Normoyle (1991) conducted a survey by using questionnaires. Two hundred fifty community based elderly people reported that they fear entering nursing home due to beliefs related to quality of care, residents' quality of life, the costs of care, and the family role in providing care.

Nay (1995) explored nursing home residents' perceptions of relocation among 19 residents in Australia by using hermeneutic phenomenology methodology. She pointed out the elderly people felt that they had no real choice; they had come to the end of the line; and there was no future. They experienced the loss of everything they had: home, possessions, friends, family, affection, pets, freedom, favoured locations and environments, and roles and life-styles that were known and predictable. Therefore, they

felt compelled into a situation that had no value. Consequently, the elderly people felt devalued as individuals.

Iwasiw et al. (1996) studied twelve residents' perspectives of their first two weeks in a long-term care facility. They found four main categories: emotional reactions, transition activities, reflecting on their situation, and connecting with a personal philosophy. During their first two weeks, the residents experienced many emotions such as fearfulness due to disconnection, relief at no longer being alone and not worrying about meals or falling, sadness, depression, anger, powerlessness, and betrayal due to not having a choice about their admission to nursing home. In this study, residents stated that if they had actively participated in the decision to be admitted, the adjustment to the nursing home would have been easier. Nursing practice needs to involve elderly people in the decision process and consider their perspectives throughout the relocation experience.

Nolan, M., Walker, Nolan, J., Williams, Poland, Curran, & Kent (1996), by having reviewed the relevant literature and having been informed by their four independent empirical studies in England, suggested that four processes are influential in the determination of whether admission to a nursing home is a positive choice or not. The processes are anticipation, the extent to which the admission is planned in a proactive way; participation, the extent to which the elderly people are involved in the decision making processes; exploration, the degree to which alternative options to admission to care are fully explored; and information, the extent to which elderly people receive sufficient information.

Depending on how elderly people perceive these four processes, Nolan et al. (1996) identified four perceptions influencing entry to care: Desirability, legitimization,

reversibility, and continuity. Three of these were consistent with those identified by Chenitz (1983). Continuity was about maintaining links with the past in order to better make sense of the future. Continuity could be maintained by allowing elderly people to take a number of their possessions or by allowing them to furnish their room in their style.

Nolan et al. (1996) argues that the processes preceding admission to care and the perceptions that these processes engender influence and partly determine the quality of that admission and subsequent adjustment. They described four types of placement based on the interaction of these processes and perceptions: The positive choice, the rationalized alternative, the discredited option, and the *fait accompli*. The positive choice was the most desirable type which maintains a sense of continuity. This type of admission was fully planned, anticipated, the alternatives were explored, and admission was well informed. The rationalized alternative was the most frequent form of admission. It involves less anticipation, participation, exploration and information. The discredited option began shortly after placement when the situation changed such as the older person had been promised a single room and then had to share. The *fait accompli* was the worst case of admission. There was no anticipation, no opportunity to explore alternatives, no involvement in decision making, and no information given.

Lee (1999) conducted interviews with 10 Chinese residents one week after admission into a nursing home to explore the transition experience. Barriers to adjustment to residential care such as living with rules and regulations, lack of privacy and autonomy were not important to the Chinese elders. Nine out of ten elders considered that living with others is not a problem, and all the elders regarded rules and regulations as important and necessary. She explained that the Chinese values of balance, harmony and collectivism

have made it easier for them to remain open and accept a communal way of living. Yet, these same values restricted the elders in developing new relationships with staff and other residents. Lee pointed out that this study revealed the significance of cultural influences of the Chinese elderly people who were admitted into nursing homes. In this study, the range of emotional reactions resulting from placement, from feeling very positive and enjoying the move to feeling frightened and helpless, were similar to the findings of other studies (Iwasiw et al., 1996; Nay, 1995).

A negative public image of nursing homes perceived during the anticipatory period makes it difficult for elderly people to adjust to nursing homes (Kane, 2001; Lee, 1997). Lee interviewed 20 Chinese community elderly people to find perceptions of residential care homes. Many community elderly people were hesitant about residential care because they had a negative view of nursing homes through listening to secondhand stories from their relatives or friends. Lee, Woo, and Mackenzie (2002) reviewed articles from 1970-2000 related with elderly people's experiences in residential care placement, and stated that criticism of residential care by academics and reports of neglect or abuse, under-trained staff and profit-making homes in the media, create perceptions and fears that have a negative influence on elderly people's adjustment in nursing homes.

In summary, the above review has identified that elderly people's perceptions of nursing homes influence the adjustment thereafter. The painful relocation experience is often linked to elderly people's feelings of loss: possessions, relationship with family and friends, role, lifestyle, freedom, autonomy, and privacy. The following perceptions were critical for the elderly people in preparing for better adjustment to a nursing home: maintaining a sense of continuity, planning for admission ahead of time, exploring all

alternatives, providing positive and understandable information, having a positive public image, participating in the decision making process, maintaining a sense of control, practicing an ability to exercise choice, and being voluntary, desirable, and legitimate with their sense of self.

Adjustment Process

Nursing home replacement and adjustment is more than just a discrete event. Adjustment actually starts before placement occurs and elderly people's adjustment behaviors depend on the meanings they perceive. Successful transition into a nursing home requires adjustment process. Lee et al. (2002) stated that the different pre-placement perceptions and processes influence adjustment to nursing home life.

Cheniz (1983) proposed a theory to guide nursing practice by studying 30 nursing home residents from the time of their admission several times each week for six to nine months thereafter. Using a grounded theory methodology, she identified four key conditions affecting the elders' adjustment to the new environment: centrality, desirability, legitimation, and reversibility. Centrality was described as an elder's perception of the degree of disruption in their life, especially their struggle for independence, autonomy and control over their life. Desirability indicates how elderly people perceive nursing home admission to be desirable. Legitimation is the finding of a plausible reason for the admission and it provides an incentive for the admission. Cheniz explained that once the reason for the admission was accepted by the elder, entry into the nursing home was legitimated. Reversibility refers whether nursing home admission will be permanent or temporary. In general, elderly people accepted nursing home relocation as long as it was

voluntarily, desirable, reversible, and legitimate. When these conditions were absent, elderly people were found to be resigned or forcefully resisting.

Her nursing home admission crisis model conceptualized the passage into the nursing home and leads to several guidelines for nursing intervention. The model contains three stages: precrisis, crisis, and postcrisis. During preadmission and admission, the precrisis stage, tension or stress builds. Resolution of the crisis of nursing home admission in postcrisis stage would restore the elder to a higher functioning level. However, if resolution fails, the elder's functioning level will be declined. Crisis resolution was achieved in about eight weeks in this study.

A through longitudinal study of 42 nursing home residents' responses to an open-ended question, "What is it like to live here?", Brooke (1989) described the elderly people's adjustment to the nursing home in four phases of process: disorganization, in which residents feel displaced and abandoned; reorganization, residents trying to find meaning in their new home; relationship building, and stabilization. Disorganization phase lasted about six to eight weeks after placement, and reorganization occurred in the second or third month. Developing relationships with other residents and staff began around the third month, and stabilization in the residential home environment generally happened within three to six months of admission. In this study, 93% of newly admitted residents had stabilized and were calling the facility their home within 8 months.

Wilson (1997) conducted a grounded theory approach to fifteen Euro-American elderly people to find initial experiences in making the transition to nursing home life when the admission was planned or unplanned. In-depth semi-structured interviews and observations were carried out within 24 hours of admission, every other day for two

weeks and one month after admission. The major theme of adjusting to nursing home life was identified as the elderly people's conscious effort to protect their families and significant others by hiding their feelings about nursing home admission. The transition to nursing home life occurred in three phases: the overwhelmed phase, the stage of an emotional response to the nursing home; the second phase, the adjustment phase; and the final initial acceptance phase. The feelings of loneliness, sadness, crying, being afraid and experiencing a sense of loss were the initial response to the nursing home admission.

In this study, elderly people who were over 90 years old made the best adjustment and the ones who had planned to enter a nursing home adjusted at a faster rate than those who didn't have a plan for admission. Issues related to autonomy and control, rules and regulations, limited space, lack of privacy, and environmental factors were pointed out as problems experienced by elderly people who were admitted to a nursing home.

Although Cheniz (1983), Brooke (1989), and Wilson (1997) describe similar patterns of the adjustment process, they introduced different adjustment periods. Cheniz interviewed from the time of admission and several times each week for six to nine months thereafter. She described that the crisis resolution was achieved in about eight weeks. In Brooke's study, she interviewed residents two to five times a week after admission and found out that it took four to six months to stabilize. Wilson did not explain why she limited the study to only one month, however, within the study periods, the residents already showed the adjustment process.

Outcomes of Relocation Transition

Research shows that elderly people experience transitions that involve feelings of loss and undesiredness (Brooke, 1989; Iwasiw et al., 1996; Nay, 1995; Wilson, 1997), but

some transitions are positive (Schumacher et al., 1999). How can elderly people facilitate healthy transition processes and decrease unhealthy transition processes? What are the characteristics of a successful transition? This review will focus on successful transition indicators and healthy transition processes.

According to Schumacher and Meleis (1994), successful relocation transition includes a sense of well-being, mastery of the skills and behavior required for the new environment, and well-being of interpersonal relationships. "Literature discussing outcomes of relocation is written with an almost exclusively pathogenic orientation. Relocation is viewed as something that can induce death and illness" (Johnson, 1999, p.55). However, Castle (2001) summarized after 78 studies reviewed in terms of mortality rates, morbidity, and psychological and social changes, that the majority of studies they reviewed did not identify any significant resident outcomes as a result of relocation.

Reviewing nursing research and conceptual work on transition, Schumacher et al. (1999) developed a framework on transition and health. They described the characteristics of healthy transition by explaining transition processes and process indicators. As measurable indices of how a transition is proceeding, they introduced five indicators: the elderly person's symptom experience, functional status, a sense of connectedness, a sense of empowerment, and a sense of integrity. When there were unhealthy transition processes, the elderly people experienced new or exacerbated symptoms, low levels of physical and cognitive function, disconnectedness, disempowerment manifested in loss of control or inability to make decisions, and loss of integrity manifested in a sense of fragmentation or meaninglessness in one's life course.

Schumacher et al. (1999) identified seven healthy transition processes and seven unhealthy transition processes in their framework. The characteristics of seven healthy transitions were described as redefining the meaning of the transition, modifying expectations about self or others, restructuring life routines, developing knowledge and skills to adjust to a new environment, maintaining continuity in their identity, exploring new choices, and finding opportunities for personal growth. However, when elderly people do not proceed with healthy transitions, they resist redefining meaning of the transition; maintain unrealistic expectations and anticipate a future that probably cannot happen; cling to former routines; avoid new knowledge and skills for the new environment; experience unnecessary discontinuity and disruption; limit new choices; and refuse opportunities for personal growth.

They suggested that nursing therapeutics could facilitate smooth transitions for elders and decrease unhealthy transitions by using nursing assessment, reminiscence, role supplementation, creation of a healthy environment, and mobilization of resources. Nursing assessment is a basis for nursing therapeutics. Reminiscence, the articulation of life themes, supports the process of growth and development of identity. Role supplementation enhances the awareness of one's own role and another's and the dynamics of their interrelationships. Schumacher et al (1999) explained resources include personal inner resources, family, and community resources.

Johnson (1999) stated that when elderly people actively participated in the relocation process, their adjustment was more positive than in those who had less participation. She suggested that nursing practice promote healthy relocation transition by

helping older adults participate in relocation decision making, prepare for relocation, and bolster the well-being of interpersonal relationships.

To ensure successful interinstitutional relocation for residents, Amenta, Weiner, and Amenta (1984) conducted an experimental study for a group relocation of 47 elderly people, and presented guidelines of elderly residents. They suggested beginning preparation by including many choices as early as possible during relocation for elderly people to cope well. They found that providing ample opportunities for choice gave residents more autonomy and renewed many interests. They recommended informing residents verbally or in writing to enhance the feeling of being cared for by staff; maintaining steady communication with residents or family with up-to-date, accurate information; using every communication device available, i.e., film strips, photographs, brochures, volunteers' efforts; if possible, maximizing choice about roommates, furnishings, activities, or timings; visiting the new facility; and transferring as many personal possessions as possible in the move to maintain familiarity and a sense of home (Amenta et al.; Potter & Berger, 1974).

Grey, in 1978, conducted an experimental study of 137 elderly residents moving from the nursing home to another building involuntarily. He argued that planning for interinstitutional relocation should begin one year ahead of time. Forming a multidisciplinary move committee and written move plan, and facility orientation for the residents was a priority.

Yet, some literature studied for a large group interinstitutional relocation (Amenta et al., 1984; Chanfreau, Deadman, & Taylor, 1990; Grant, skinkle, & Lipps, 1992; Grey, 1978), Rants and Egan (1984) studied room change in a nursing home among 91 elderly

residents. The authors found the more simple approach of identifying residents with anxiety and depression more efficacious. They advocated the use of an assessment tool to identify high risk residents with relocation stress.

Relocation Transition in Different Ethnic Group Elders

Although phenomena related to nursing home placement have been extensively explored in the last few decades, few studies have examined issues related to the impact of race and ethnicity on the care of elderly people. Even though society constantly changes through trends such as migration, urbanization, and increased female labor force participation in industry, and Western values of individualism supplant traditional values, different cultural groups have different norms concerning family responsibility for elderly parents. Cultural beliefs regarding family obligations influence a person's relocation to a nursing home (Angel, R., Angel, J., & Himes, 1992).

Angel et al. (1992) studied health transitions and living arrangements among 139 Latino, 555 non-Latino black, and 4,402 non-Latino white elderly people over a 4-year period using the 1988 Longitudinal Study on Aging. In their findings, blacks were more likely than whites to suffer protracted periods of decline in functional capacity and were much less likely to enter nursing homes. Blacks and Latinos were more likely to have been living with others in the community rather than entering a formal long-term care facility. The fact that blacks and Latinos enter nursing homes at a lower rate than whites, suggests that among these groups the family might be dealing with the elder person's needs for assistance with activities of daily living (ADLs). They pointed out that although American culture affects all groups, significant differences in fertility, the impact of culture and social class on income, and norms concerning children's responsibility for aging parents, result in

potentially significant differences in the amount of instrumental and emotional social support available to the elderly. Angel et al. suggested that it is necessary to identify formal and informal social resources that elderly minority group members could be able to call on when they become ill.

Lee (1997, 1999) conducted interviews with Chinese community residents to find out elderly people's perceptions about residential care placement. Because traditional Chinese society views care giving as the family members' primary obligation, residency in a nursing home is often equated with family rejection and being an unwanted burden on the family.

Through an analysis of ten residents' in-depth interviews one week after admission into a Hong-Kong nursing home, Lee (1999) suggested that barriers to adjustment to nursing home care, such as regulations and rules in the facility, and lack of privacy and autonomy were not considered important by the Chinese elders. The Chinese values of balance, harmony and collectivism have made it easier for the elders to remain open and accept the communal way of living. Yet, these same values have restricted the elders in developing new relationships with staff and other residents. Lee pointed out that this appears to be the particular challenge facing Chinese elderly residents.

Burr and Mutchler (1992) examined the influence of cultural preferences on living arrangements for a sample of 592,214 elderly Hispanic females and non-Hispanic whites, data from 1980 Public Use Microdata Samples. In their findings they suggested that there was a strong reluctance among Hispanics to use formal long-term care facilities. They specified that cultural desirability factors are particularly important in their effect on living arrangements. In contrast with this result, Blank and Torrecilha's (1998) study,

interviewed a 2,043 Latino sample of Mexican, Puerto Rican and Cuban immigrants, and findings indicated that there was no significant relationship between living arrangements with extended kin and cultural indicators such as English fluency or economic factors. Rather, extended family living arrangements represent a resource generating strategy for caring for young children and older adults.

Kamo and Zhou (1994), based on 1980 U.S. Census data on 8,502 elderly people, examined patterns of living arrangements among elderly persons of Chinese and Japanese origin in the United States to explore the effects of acculturation, economic feasibility, and demographic availability on elderly living arrangements. The results showed that elderly Chinese and Japanese are more likely than whites to live in an extended family household. The authors concluded that while the influence of immigrant culture is significantly reduced through acculturation, the cultural effect on elderly living arrangements will persist longer than expected.

Martin (1989), using WHO data from surveys of the 977 Korean elderly, 998 Malaysian, 827 elderly from the Philippines, and 769 Fijian aged elderly 60 and over, investigated socioeconomic, cultural, and demographic determinants of living arrangements of the elderly. The author suggested that having a spouse or children with whom to live had important effects on living arrangements. Demographic factors, such as sex and age, also influenced living arrangements. Males and the young-old were generally more likely to live with their children than females or the old-old.

In a study of 1,269 elderly blacks, Mexican-Americans and whites in Los Angeles County, Dowd and Bengtson (1978) found differences among the three ethnic groups. There was a greater frequency of familial interaction among the minority respondents than

among the whites. Similar conclusions were reported by Burr (1990), and Worobey and Angel (1990).

In summary, relocation transition of elderly people has been studied widely because it affects the lives of elderly people. However, from this literature review, it was noted that little study has been done to explore the adjustment experiences and processes of elderly people from different ethnic groups. Elderly people entering nursing homes with different socioeconomic and cultural backgrounds should be understood and be provided appropriate interventions based on their own traditional cultural values to facilitate the adjustment process more effectively.

For example, Lee and Sung (1997) examined differences in caregiving motivations for demented parents between Korean caregivers and American caregivers. The Americans, mostly daughters, had affectionate relationships with their parents, but tended to have a relatively low degree of filial responsibility. In contrast, Korean demented parents were cared for predominantly by daughters-in-law who were less likely to have affectionate relationships with the parents-in-law. However, Koreans scored higher than the Americans on filial responsibility. Also, the Koreans needed more public services while the Americans needed more support from their family network. There were considerable cultural differences between the two ethnic groups in terms of characteristics, needs of caregivers, and the expression of filial piety.

There are marked differences between the East Asian cultural setting and that of the countries in the West. The use of current literature understanding the adjustment experiences of elderly people in Western society for Korean elderly people should be considered with caution. None of the studies conducted for the Korean-American (KA)

elders entering nursing homes explore the experiences and adjustment process connected with admission to nursing home. This study explores KA elders' perspectives of their transition into a nursing home and develops a theory that explains the adjustment process.

CHAPTER III. METHODOLOGY

Descriptive qualitative research using grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990) in symbolic interactionism (Blumer, 1969) provides the basis for this study. Grounded theory is a systematic approach in deriving theories of human behavior experience over time or change (Morse, 1994). The reason for choosing the grounded theory method is that it will facilitate exploring the experience of relocation transition of KA elders to nursing homes, discover the adjustment process and generate a theory of reality. The methodology of grounded theory is useful in areas where very little research has been conducted. In this chapter, the techniques used for data collection and data analysis will be included to maintain the credibility of the study.

Grounded Theory

Grounded theory is one of the qualitative research methods that uses a systematic set of techniques and analysis procedures to discover a theory based on inductively derived data (Strauss & Corbin, 1990). Glaser and Strauss presented grounded theory initially in their book "The Discovery of Grounded Theory" (Glaser & Strauss, 1967). Grounded theories were posed against dominant functionalist and structuralist theories represented by such theorists as Parsons, Merton, and Blau (Strauss & Corbin, 1994). Glaser and Strauss argued that this grounded theory methodology would contribute to removing the embarrassing gap between theory and empirical research through interplay with data collected during the research process (Glaser & Strauss).

Since the introduction of the new research methodology, a variety of guidelines and procedures have been developed to enhance the effectiveness of the methodology through the research experience of its users. In this methodology, theory could be

generated initially from the data, or, if there is already an existing theory, then these could be modified with incoming data (Strauss & Corbin, 1994).

The three basic elements of grounded theory are concepts, categories, and proposition. Concepts are the basic units of analysis and “conceptual labels placed on discrete happenings, events, and other instances of phenomena” (Strauss & Corbin, 1990 p. 61). Categories are higher in level and more abstract than the concepts they present. They are generated through the constant analytic process of making comparisons to highlight similarities and differences that are used to produce lower level concepts. These are the “cornerstones” of developing theory. Propositions indicate generalized relationships between a category and its concepts and between discrete categories (Strauss & Corbin).

The sources of data are in-depth interviews and field observations. The data are not established on a set of numbers like quantitative research but themes of the participant’s responses, the emerging concepts, and the relationships among these concepts. After the data collection process through observation, conversation, or interview, data analysis steps are followed. Constant comparative method to highlight similarities and differences is used to produce concepts, and is the heart of the process (Glaser & Strauss, 1967, p. vii).

To increase theoretical sensitivity, the ability to recognize what is important in data, Strauss and Corbin (1990) suggested maintaining an attitude of skepticism, stepping back and asking questions periodically, and following the research procedures. Strauss and Corbin (1990) state “While the procedures are designed to give the analytic process

precision and rigor, creativity is an important element” (p.31) in designing theoretical formulation.

For this study, the grounded theory approach was used to identify the perspectives of elders’ thoughts and feelings, and the adjustment process associated with admission to a nursing home, since very little is known about the adjusting process of how KA elders adjust to the nursing home.

Data Collection

Data has been gathered through semi-structured interviews using open-ended questions including personal demographic information, and participant observation (Appendix B & C). Items on the interview guide were used to elicit information regarding relocation opportunity, final decision makers, perceptions during transitional period, thoughts and feelings, expectations, experiences, and suggestions for better adjustment. Interviews were continued until the data were saturated and dense. The specific aims were accomplished by conducting individual in-depth interviews with KA elders in each phase.

The audio-taped interviews varied in length from 30 to 90 minutes. The individual interviews with KA elders were conducted in Korean in nursing homes. Since the purpose of the interviews is to explore the transition experience into a nursing home, in-depth interviews were conducted with 15 elderly participants within one week of admission and again after one month. Participants’ demographic information was gathered on a form before the first interview (see Appendix C). Interview questionnaires (see Appendix B) were used to elicit participants’ perspectives during the transitional period to a nursing home. Each interview was continued until both the researcher and participant felt the information was adequately described, and the researcher concluded the interview by

asking the participant if there was anything else they wanted to add about more of their experiences. Each interview allowed a free flow of information and neutral probes were employed to encourage further description. Field notes, observations or thoughts that occurred during the process of the interview, were also recorded. A total of 28 interviews were conducted and transcribed. Although the life experience of participant varied, repeated themes became apparent. Interviews were continued until no new information emerged and the data were saturated and dense. The information obtained from audio-tapes and observations was transcribed by the researcher and a research assistant word by word in Korean and then in English.

Participant Inclusion Criteria

Participants meeting the inclusion criteria were selected until the data were saturated. Fifteen KA elders for interviews were recruited with the nursing home admission coordinators' cooperation. Criteria for selecting study participants were the elders who willingly share their experiences, and who have an interest in communicating with a researcher.

Criteria for inclusion in this study of elders were: 1) elders who were born in Korea but presently living in the United States and speaking Korean; 2) KA elders who have been admitted to a nursing home from their home during the last week; 3) males and females who are older than 65 years of age; and 4) elders who have sufficient cognitive ability to provide consent and participate in an interview.

Recruitment Strategies

Two skilled care facilities in the Orange County area were asked to participate in this project. Elder subjects from each nursing home were invited to participate. The

researcher contacted the administrator, explained the study, and provided the information flyer. Once the administrator of each nursing home showed interest in supporting this study, the administrator then signed a written consent form permitting the researcher to contact participants.

After an admission coordinator in each nursing home identified potential participants who met the established criteria, he/she determined a participant's interest for the participation of this study. Once the admission coordinator informed the researcher of the interview candidates, the researcher contacted each participant.

When the researcher contacted the participant, the purpose of the study was explained and an opportunity was given to ask questions about the study. The participant was advised that taking part in this study was entirely voluntary and could be terminated at any time. The participant was advised that his/her confidentiality would be maintained and no identifying information would be used in any written or oral presentations. The participant was also advised that their medical and nursing care would not be affected in any way, if they agreed to participate or if they refuse. If the participant was still interested in participation, then the researcher obtained informed consent. No resident initially screened by the admission coordinator refused to participate. The consent form was verbally reviewed with each participant, and any questions the individual had were answered prior to signing. The researcher retained one copy of the consent form and the participant kept the other copy.

Demographic Information

A total of 15 elderly residents (six male and nine female) participated. They ranged from 65 to 101 years old, with a mean age of 84.9 years. Ten elders lived alone or with

their spouse in their senior apartment before the admission whereas five others lived with their families. Protestant was the preferred religion of the participants, except for two participants who expressed they had no specific religious preference. Three of the participants were Catholic and one participant was Buddhist. Eight elders were widows or widowers, and seven were still married.

There were seven participants who were educated through the high school level, one who had reached the junior high school level, and three primary school level. Four participants did not have any education. The periods stayed in the United States since immigration was from three to 35 years, with a mean of 19.8 years. Most of the participants had between two to eight children, with an average of 4.5 children, and they lived in the Orange County area near the facility except for two participants. Most elders had suffered from chronic health problems such as hypertension, arthritis, diabetes mellitus, stroke, renal disease, progressive weakness, and heart disease. Their physical conditions were deteriorating gradually, and they were either totally or partially dependent for their activities of daily living. Quotes from each participant were identified by number and time of interview (See Appendix H, I).

Data Analysis

Data analysis was done according to the grounded theory methodology by using constant comparative method (Strauss & Corbin, 1990). During and after the interview process, verbal and nonverbal behaviors were noted. Individual interviews were audio taped and transcribed onto computer disks by the researcher verbatim. Words and phrases stated in Korean were subjected to dual translation into English by the researcher and a research assistant who are fluent in Korean and English, with refinement until agreement.

Then, the research assistant transcribed the interviews into English for data analysis. The Korean and English transcripts were checked by the researcher. Notes taken during the interview were also transcribed onto computer disks.

Initially, interviews were coded for conceptual categories representing the experience of transition to a nursing home from the perspective of the resident. The analysis involves reading the data and giving a name to represent a phenomenon. Then, labels that represented similar phenomena were categorized or grouped into major themes. The constant comparative method (Glaser & Strauss, 1967; Strauss & Corbin, 1990) was used in analyzing contents. Each interview line, phrase, and paragraph from the transcribed interviews was read many times and was reviewed for similarities, differences, general patterns, and codes. Further categorization and identification of themes was carried out in consultation with the dissertation committee.

Ethical Issues: Risk-Benefit Analysis

This study was conducted according to the University of San Diego guidelines for the protection of human subjects after Human Subjects Review Approval is obtained. In this process, the participant's rights and welfare were safeguarded and acceptable ethical practices for the study were established.

Once a participant agreed to interview, an explanation was given about this project, and a written consent form was signed by the participant. Each participant was reassured of the anonymity and confidentiality of the information. At the same time, the participants were informed that they have the option not to answer any questions with which they feel uncomfortable.

Participants were advised that there would be minimal risk involved in taking part in this study. When a participant became upset during the interview, the interview was terminated and the administrator was made aware of the individual's status to provide any needed follow-up.

No major difficulties were noted in conducting this study. The research participants might have been disturbed emotionally when they recalled their experiences. Also, the research participants might have been concerned about confidentiality. Explicit explanation regarding confidentiality was provided before consent.

Methodological Rigor

In a qualitative study, reliability and validity cannot be addressed in the same way as in a quantitative approach. Lincoln and Guba (1985) suggested that the four components of rigor of the data are used in qualitative method for data validation: credibility or the truth of the research, transferability or generalizability, dependability, and confirmability.

Credibility is described as the degree of confidence in the truth of one's findings. Credibility is the acceptance of the participants' statements and the description of the events as their own perspective and reality (Lincoln & Guba, 1985). In this study, credibility was established by utilizing open-ended questions and verifying whether participants' responses were interpreted correctly by the researcher. Since the researcher has been exposed to the nursing home environment for a long period of time, there was possibility to obtain or interpret data with personal bias. Therefore, observations of non-verbal behaviors before, during, and after the interview were utilized to facilitate finding truthfulness of the data. In addition, while conducting interviews with participants, the

researcher asked open-ended questions as written in the questionnaire and tried not to make any personal comments to participants, if possible. Also, after coding the transcribed data from interviews and observation, the data was sent to a qualitative research consultant for verification.

Transferability or generalizability may be problematic in a qualitative method. However, through triangulating from multiple sources of data or theoretical sampling, transferability can be enhanced (Glaser & Strauss, 1967). Data from different sources can support, or illuminate the research question (Lincoln & Guba, 1985). In this study, to increase transferability, several methods of data collection such as individual interviews, structured demographic questionnaires, literature review, and observation of verbal and nonverbal behaviors were used.

To establish dependability, Guba (1981) suggested two techniques: multiple-operations, a process by which the weakness of one method is compensated by another method; and use of an external auditor to review the processes. In this study, members of the dissertation committee acted as the external auditors and guide the researcher with feedback.

In order to find out whether the findings are grounded in the data, written interview notes, transcribed audio-taped interview notes, and theoretical and methodological notes were kept for confirmability.

To summarize, several methods were used to establish trustworthiness in this study. These methods include the following: credibility through validating findings by asking the participants or referring to consultation; maintain transferability through triangulating multiple sources of data; dependability through the use of the dissertation

committee as external auditors; make available several techniques of inquiry such as interview, demographic questionnaires, participant observations; and confirmability through audit of data collection and documents related to critique of the data.

Reflexivity

I, a researcher, am a Korean-American woman and currently working as a director of nursing in a nursing home. I was born in Korea and have nursing experience in nursing homes for 20 years in the United States. I am bilingual, speaking English and Korean. In order to establish credibility by minimizing my personal influence on the data, I always tried to keep in mind that informants were more important than my personal view. Data were collected from multiple resources, such as field notes and observation recordings including environment and participants' emotional status. Interviews were continued until both the participant and researcher felt adequately described. Four participants were contacted repeated times to clarify components of the interview. Data collection continued until the data were saturated. Reflexive examinations were done to ascertain whether the analysis was affected by the researcher's personal background.

CHAPTER IV. FINDINGS

The findings of the qualitative data analysis describing the Korean-American (KA) elders' perspectives and experiences during the transitional period to a nursing home in the first month are presented in this chapter. These experiences are presented in the core category and other subcategories denoting context, conditions, strategies, and consequences of a phenomenon to describe the data more systematically.

In this study, Finding My Last Home emerged as the core category. The categories surrounding the core category in the paradigm for this study include: Fearing the Future, Deciding to Leave, Struggling to Adjust, and Finding "Pyung-Aan" (Peace of mind) (see Figure 1).

The first subcategory of the core category of Finding My Last Home is the Fearing the Future, which reflects the context, or the background for the moving activities. Fearing the Future represents KA elders' life and concerns before admission to a nursing home. The second subcategory of Finding My Last Home is Deciding to Leave, which reflects the condition, or the reasons for leaving their current living places and moving into a nursing home.

Struggling to Adjust is the third subcategory of Finding My Last Home, which reflects intervening conditions that either facilitate or constrain the transition process. The strategies for transition process facilitate KA elders' adjustment to nursing home life and other intervening conditions influence as barriers to nursing home adjustment.

The category of Finding "Pyung-Aan" is the consequence of the theory of Finding My Last Home. A KA elderly person may feel safe and satisfied with her/his decision to

move into a nursing home, or she/he may have regret and constantly have a difficult time after moving into the nursing home.

The first month experiences of nursing home life of KA elders are a very complex phenomenon. Under the core category, Finding My Last Home, the relationship between the subcategory of the Fearing the Future, Deciding to Leave, Struggling to Adjust, and Finding “Pyung-Aan” exists. Over the course of the transition, elders’ future consequences were influenced by the facilitators and barriers. Therefore, monitoring and guiding for survival at this stage by nurses or family is important for the elders.

Finding My Last Home

The core category, Finding My Last Home, reflected how KA elders perceive and adjust to relocation to a nursing home throughout the transition process. Finding My Last Home describes various experiences to survive in nursing homes to regain a life that is as close as possible to that lived before nursing home admission.

Many residents who have stabilized, ask to go “home” to the nursing home when out on pass even though they planned to stay for a night at their children’s home. After one month of admission, one female elder stated “It is not necessary to try to go back and live at the apartment that I was living in.... Even though an apartment is good as your own place, but this nursing home, as I came because of the illness, I don’t really feel inconvenient.... There is no reason for old people to say that they don’t want to go to a nursing home.” (102-1). Finding My Last Home is the basic and core category that explains the processes and experiences of KA elders adjusting to life inside the nursing home.

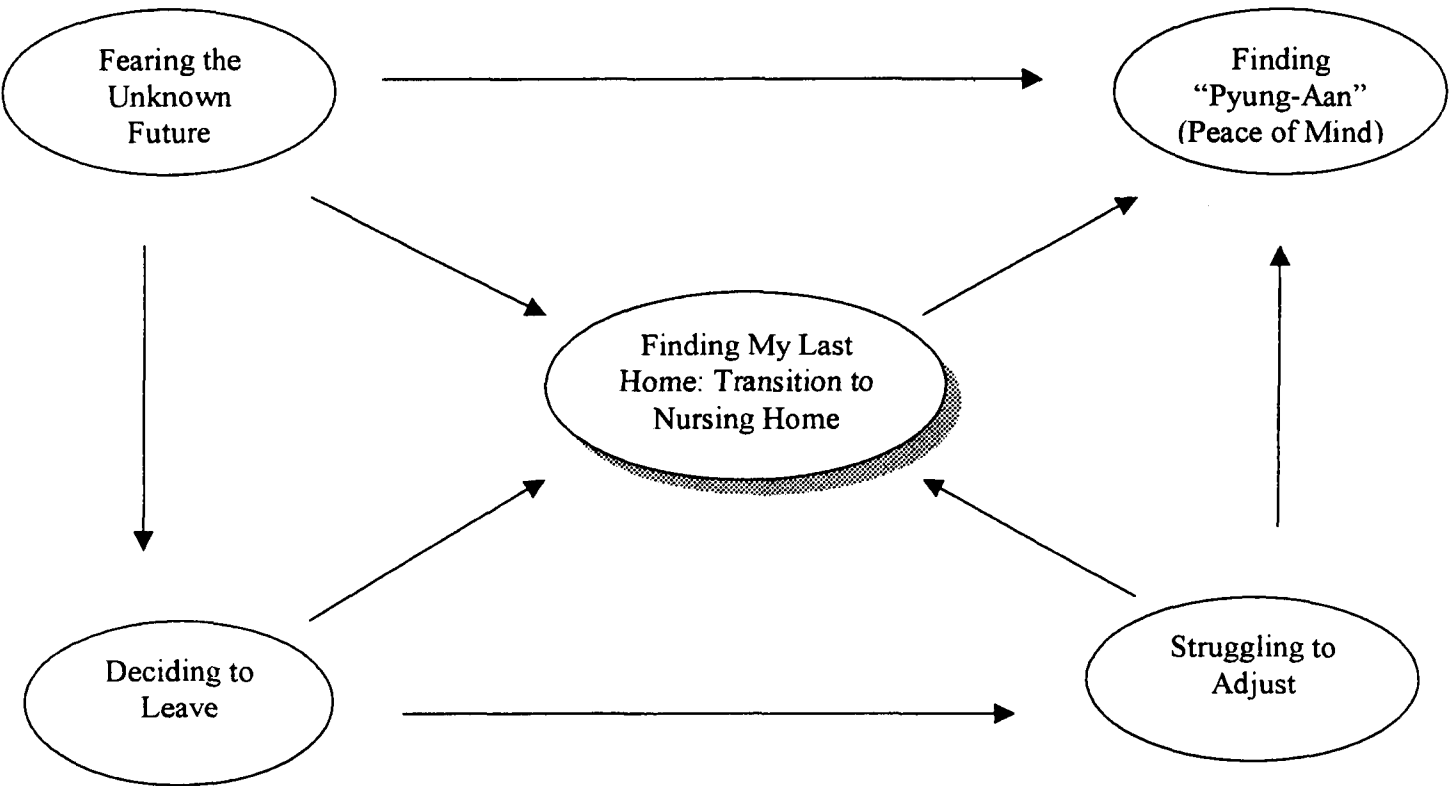


Figure 1. Finding my last home: Transition to nursing home of Korean-American elders

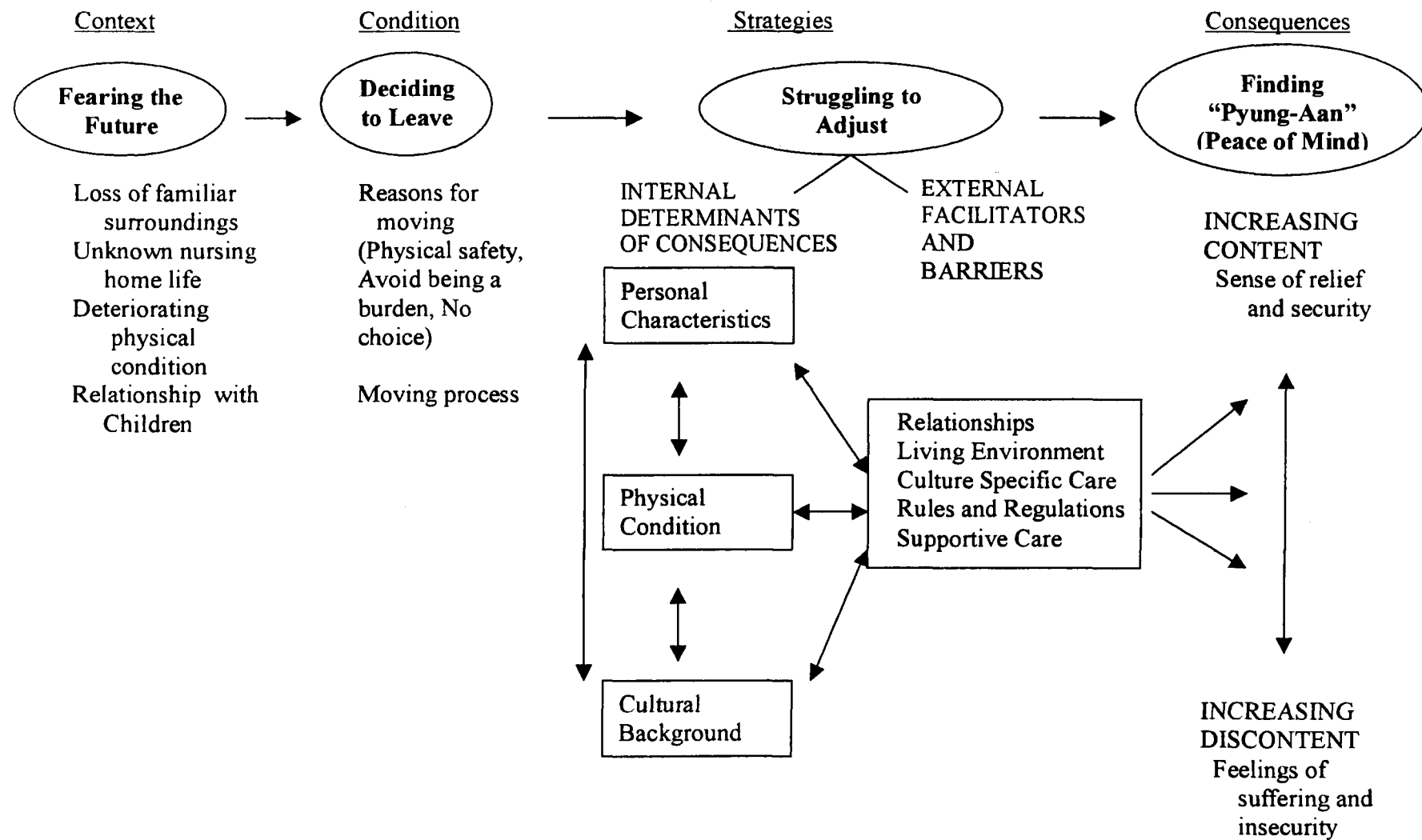


Figure 2. Representation of the process of Finding My Last Home: Transition to nursing home of Korean-American elders

This model consists of four categories that help to explain participants' experiences during the transitional period to a nursing home in the first month. Four categories surrounding the core category in the paradigm for this study include Fearing the Future, Deciding to Leave, Struggling to Adjust, and Finding "Pyung-Aan".

This process is described in Figure 2 and there is no stepwise sequence process in the adjustment process. Although adjustment to a nursing home is a process, individual experiences were varied. The model simply presents what the majority of KA elders thought and experienced during the first month of nursing home life. There is a reciprocal relationship between internal determinants of consequences and external influencing factors of facilitators and barriers. The four categories are described below in more detail.

Fearing the Future

The category of Fearing the Future is conceptualized as the context or the background for the activities involved in moving. Immediately after admission, newly admitted elders were asked about their living situation before admission to the nursing home and their concerns upon admission. They described their past life history and expressed their feelings and thoughts.

Elders expressed fears about the unknown future related to loss of familiar surroundings, unknown nursing home life, deteriorating physical condition, and relationship with children. Many elders expressed that they had more fears about entering a nursing home because their friends or relatives told them negative aspects of the nursing home.

In traditional Korean society, elders rely on their family members for care needs because of the traditional Confucian ways of living which emphasize filial piety,

collectivism, and harmonious family living. Therefore, incapacitated elders with a different cultural background, have a great fear of living in a nursing home. One elder stated that “In Korea, the ones moved to nursing homes usually are without children or lacking money.... But this is America.... Many people blame their children and they all become miserable. Koreans, by traditional concept, feel ashamed of living apart from the children.” (102-2)

Loss of Familiar Surroundings

Loss of familiar surroundings, family, friends, activities, and possessions caused major fear for newly admitted elderly residents. One male participant expressed sadness upon giving up his daily routine life.

Back then I thought it would be horrible. I had been going to an adult daycare center for more than five years. I didn't want to come if it could be avoided.... My wife was worried everyday about my being sent away to a nursing home if something goes wrong at the senior center. You're sent away to a nursing home if something happens. And then you're out of the nursing home only upon your death. Then it becomes miserable... She instructed me to say that I refuse to go to a nursing home... (92-3)

Giving up their home or personal possessions associated with their special memories caused great reluctance and frustration to the elders.

When we decided to sell the house there was too many things. During the last twenty more years I saved a lot of things, but it was difficult for my children to take care of all these things. So I told them to throw everything away. I came here

nothing. It felt refreshing.... But after throwing all of it away, a part of me was sad. (51-1)

Feelings of loss were expressed especially by many women elders. Several male residents were concerned about their wives' responses upon giving up their possessions. Many women elders worried about losing valued possessions more than male elders.

The problem was that my wife was really attached to those goods she was using. She was worried. What are we going to do with the goods.... The apartment was still filled up with them. We can't bring everything here.... But we had to come in order for us to survive. We'll just dump all those. (91-1)

Loss of connection with family, friends, and others caused a great fear of the unknown future. Many elders were afraid of disconnecting relationships due to leaving their familiar places. One male elder stated, "I came here. This (coming to this place) ends my relationship with the world (outside). Children are children while you raise them, but once they are grown up, they are all useless." (151-3)

Some participants tried to pretend to feel better after losing their belongings. One female elder decided to think that she had a fire and lost everything.

I got rid of my apartment. At first it was regrettable to see my friend disposing of everything I loved left to right, but thinking about it later, I decided to think of it as if I lost everything to a fire. Bygones are bygones.... But, I would go, ah, this was precious, that was precious. Those are assets accrued over 50 years... (102-6)

In summary, many residents experienced fears upon nursing home admission associated with losing their familiar surroundings, social connections, daily activities, and losing valued possessions which were related with special memories. Women felt this

sense of loss more seriously than men and they tried to pretend to feel better by pretending they lost everything due to an unavoidable accident.

Unknown Nursing Home Life

Negative images of the nursing home were an important source of fear for the KA elderly residents. When interview participants were asked about their concerns upon nursing home admission, many residents expressed a fear of the unknown nursing home environment and various negative views. Some participants mentioned the negative public perception of nursing homes:

My son's home was a prison without bars. But still I refused to go to a nursing home. Somebody told me that you get out of that place only when you're dead. You eat and then watch TV all day. Sitting absent-mindedly will worsen your illness, and some people went and came back out. I would have a hard time eating with so many old people pooping and peeing, waiting absentmindedly in front of a door for anybody or members of my family. So then no matter how you go, thinking I would rather die. (41-3)

Some residents expressed their fear of not being able to contact their family once they were admitted to a nursing home.

I thought that once I came to the nursing home, I wouldn't get to see my daughter, and I didn't know I would get to see her this easily. I had no idea that I would see her as often as this. So I sobbed as I was moving in. But in here, the door is wide open. (31-3)

Many residents gained negative perceptions of nursing homes from information from their friends, relatives, caregivers, senior day care center, or their doctor. These

preoccupied negative perceptions and criticisms of nursing homes influenced elderly KA residents to have fears of their future.

Some people would suggest to me to hurry and move to a nursing home. Ah, wouldn't it be awful for them also to see me walking around ill and short of breath? While everything would be taken care of at the nursing home... So at the end, I myself asked if I could know where nursing home was and be moved. Then even my doctor told me that places like that are for mentally ill people and suggested that I should live at home if possible. And moving to a nursing home was not good and some people, I was told, were moving out of it. We laughed when we were told that it was for stroke patients only. And so I asked my doctor, "What should I do as my sons ask me to move to a nursing home everyday?" and according to him, even the people in the nursing homes were trying to move out of them, and told me to live at the apartment citing how difficult it was to be approved for the senior housing program again once it was surrendered. But this time around, I begged, just wanting to move in to nursing home. I asked to reserve a room fast.... And then the doctor told me that he placed a request for a room. That was how I moved in here. (111-5)

In summary, many elderly residents said that they had never thought of living in a nursing home even though they became too weak to live independently. They felt very ashamed to live in a nursing home, instead of their children's home. Therefore, they didn't have chance to gain information about nursing home life and that was a great source of fear for them.

Deteriorating Physical Condition

When asked to describe their concern about nursing homes, suffering due to their deteriorating physical condition was a great concern for all elderly residents, leading to fear and frustration. One male elderly participant expressed his frustration due to deteriorating physical condition: “My body is ill. My head aches, my body wobbles, I can’t walk well, and without knowing, I act as if I’m an old man. That’s why it doesn’t work. Everything is not working. I hit a dead-end.” (151-3)

Many elderly participants were afraid they had reached their final days. One elderly woman stated that she couldn’t even cry due to her miserable physical condition.

I feel awkward as if I am living in someone else’s house. Thoughts like, “I am reaching the final days, and this may be my final destination” arise.... I know I have to eat well. Exercise too... But what am I to do for my body’s aching, feeling sluggish, tempted to lie down, dazed and feverish? I am holding back now although crying aloud isn’t even enough. How did it come to this state? I wonder what has happened to me... If I had a healthy pair of legs, I would eagerly run home. I am losing my appetite, hopelessness sets in, and I feel empty inside. I am just so miserable. (71-2)

A male participant expressed loneliness and feelings of helplessness. Loss of physical ability traumatized him and made him to limit his mental function:

There was this thought, “Isn’t my life over now?” I felt really lonely as it happened all of a sudden.... I can’t really control it. Arms and legs should be able to follow the brain’s desire accordingly, but it’s not working. “How long will this flutter

uncontrollable like this.” is my question.... I can’t be living normally any longer.... There’s really nothing I could do now. (21-2)

Some of the elderly participants feared and expressed shameful, sinful feelings to have a long life.

My mind is desirous of death....I now want to be dead. What is the purpose of living longer? What enjoyment do I have? I wish to die. I deserve to die with my age and for everything else.... In the future, I may live less than one year. Don’t you think so? I don’t envy those who live to be 100 years old. Frankly speaking, I am not even scared of death. I now have no worries whatsoever.... I already bought a grave. There is no problem even if I die right now. I just need to go. (131-2).

Many elderly participants mentioned their wishes of death. They feared suffering from painful physical conditions for a long time. They were skeptical about having long lives with their aching bodies. One female elder who has been on dialysis treatment feared the future, and mentioned a death wish.

It’s horrible and not good when my body aches more. I often caress this arm thinking what I could do if it gets clogged again... In the past it had to be perforated when it got clogged while I was going through dialysis treatment.... I’ve told my children, “Good heavens, I can’t do it any longer. What use would prolonging my life have?” My head aches frequently, and I feel dizzy and tired.... (42-1)

Several elderly people mentioned *Koryojang* which is an old folk story about unfilial funeral custom in Korea. In poor family, when children think their parents are

useless and old, they take parents far away to a deep mountain to minimize the number of mouths to feed. They leave parents all alone in a mountain without or with some food. Usually parents are aware of what is going on with them and accept quietly the sad situation for their children. They may starve to death or be eaten by wild animals (Pang 2000).

However, some elders expressed ambivalence and had internal conflicts. One elderly woman needed her children's attention and appeared to be afraid of dying.

Once you come in to the nursing home, I think you finish your life in there. I'm nearing the end as an 83 year-old, I would live out my life like this, and if I were to be hospitalized, I would die in the hospital... When I die, they will call Korea, and my children will come to attend the funeral... I thought about that (tears in her eyes). All is such vanity in life. I've said that I wanted to be cremated. In the Christian beliefs, people don't like to cremate but prefer to be buried in graves. However, we Buddhists do cremation. I pondered a lot about what to do when I die after all these years of living in America. I thought a lot about these things: living in a nursing home; dying at a hospital; your body is placed in a coffin, and there is the funeral where the corpse is shown to many people. Yeah, I'll just go like this.... I think about these things everyday (sobbing). Could I be able to say a departing word when the children are far away? If I close my eyes tomorrow, then it's all over.... So there is a thought that it is my desire to see my children and grandchildren at least once more while I'm alive. (32-4)

Elderly KA residents expressed feelings of fear, frustration, loneliness, sadness, and anger due to deteriorating physical condition. Some residents cried when he/she talked about their frustration realizing their helpless physical condition.

In summary, deteriorating physical condition is a great source of fear of future and a major reason for entering a nursing home. In this study, most elders moved into nursing homes due to chronic disease, declining functional ability, falls, or cognitive impairment. Losing freedom and independence associated with deteriorating physical condition caused fear of their unknown future.

Relationship with Children

During residents' one month experiences in nursing homes, KA elders experienced various positive and negative emotions ranging from feeling great relief, comfort, and thankfulness to feeling betrayed, frustrated, helpless, fearful and disgusted. Emotional reactions seemed to change depending on their adjustment status. However, the majority of elderly Koreans felt lonely, depressed, fearful, and angry because of their relationships with their children. They did not feel satisfied with the amount of their children's filial behavior, since they devoted their life for the children and endured hardships. They considered that their virtue and happiness were related with their families' or children's success, higher education or higher societal position.

Many elders expressed feeling of betrayal, resentment, and regret of their past life for not having done enough for themselves. They blamed their children and resented their decision to follow their children from their native country. They were able to take care of their children as much as they could no matter how much they had to endure. However,

when they needed support from their children, they felt scared about the relationships with their children.

At first when my children asked me move here, I cried. I was very sad thinking, as I have five sons and five daughters-in-law, they were trying to send me here as I was getting old and ill. I cried and then a thought came to my mind that everybody would blame my children, instead of calling me names... Frankly, when I came to this far away land across the ocean with kids, I wanted to live comfortable, leaning on them at the last phase of my life.... Maybe my thought was wrong, but honestly when I was moving here, I was ashamed of that fact. I wonder how I came to this far away land across the ocean depending on a child like him.... When my children were young, if they wanted to eat certain things, I did whatever it takes to provide for them, but I have no children who could provide what I would like to eat. Even in a word, he should at least bring bits of cookies and some pastries.... According to my son, I should have been moved to here a long time ago. I don't know what that means. Whenever I hear something like that, I think that the children scare me.

(111-1)

Disappointment and frustration with children caused them to think of their past harsh life supporting their children. One female elder regretted her life and was concerned about her relationship with her children.

(While crying) I regret that I endured all the hardships for the children. That's why my body is all broken like this... Those cold, starving and poor days in Seoul, walking up and down the allies of East Gate Market, refraining myself from buying

the treats I would really love to eat, trying to save money for the kids. They can't do this to me. I went through all sorts of hardships. (41-2)

Losing the elders' own face and that of their families was a great concern experienced by many elders upon admission to a nursing home. When their families were not able to take care of them they felt shameful. One female elder who used to live in a senior apartment and had many friends stated,

Watching the eyes of others.... I had children... I was ashamed. I thought the neighbors would wonder why I was forced to move to a nursing home. Some neighbors at the senior apartment said that this was worthy of a newspaper article. A lot of people asked me why I was moving to a nursing home even though I have so many children... I vehemently refused to go at first. I was afraid some people would point fingers at my children... They are sending me to a nursing home because they don't want to care for me... So then I told my sons that, "You will be hearing more insults from people". (111-3)

Many elders blamed their children or considered their admitting them to a nursing home as a result of punishment for themselves. A male elder expressed his frustration about his relationship with his children and commented,

I came here thinking that coming to this place ends my relationship with the outside world. Children are children while you raise them, but once they are grown up, they are all useless.... They asked me to move to a nursing home once I finished bringing them up. I have lived on my own zeal. Eat whatever and stay wherever and so forth.... Maybe I am being punished at this late stage of my life,

but I am like this with the illness.... There is no need to talk about the past. I can't settle my mind as to when I'm going to die. (151-4)

Although KA elderly people expected to depend on their son in their later life, in this study, many participants were envious who had daughters or were proud of having daughters caring for them. A 95 year old female participant stated,

When I took care of my children, I thought my son is priority number one. I didn't pay attention to my daughters. Ha-ha-ha... But now, it's rather difficult to hear from my son who lives in Russia.... My daughters are good since they live nearby. They are the ones who care for me. (12-1)

Many KA elders expressed disappointment with their son and daughter-in-law. One female elder described this:

My daughter said she prays and cries for me at the early morning-prayer services. My younger daughter too brought delicacies yesterday. At first my oldest daughter told me to stay with my son without complaining, and also she said that just being able to hear my son's voice means a great deal to me. But I couldn't bear it. (41-4)

Many Korean elderly people, especially women in the nursing home, envied the ones who had daughters when they watched other family members bring special foods.

The old lady across the room is 92 years old and has two daughters totally dedicated and nice to her. If asked, they bring seasoned soy sauce (with green onions and sesame oil) or water melon.... I envy the people with daughters.... The ones with daughters have foods brought in and share with others. Like Sushi-rolls... Since I only have sons... A while ago, my daughter-in-law also used to bring in foods often. Now she doesn't come. They would think, 'Mom must be

eating well there'. Ha, ha, ha (discouragingly)... When I hear that, I get so furious.

My son should have said, even if it sounds hollow, 'Mom, I understand how nursing home food doesn't suit your taste. (112-1, 4)

In summary, most Koreans and children live by the principle of filial piety, which is rooted in Korean and Confucian tradition. When children's filial piety doesn't meet the parents' expectations, parents feel shame and lose their face. KA elders felt shameful and lost face by entering a nursing home. They expressed feelings of being betrayed, regretted their decision to come over to the United States following their children, blamed their children or themselves, and remembered their past harsh life supporting their children. Many elders expressed disappointment with son or daughter-in-law, and envied others who had daughters especially when they brought special foods they liked.

Deciding to Leave

Deciding to Leave is the causal condition for relocating to a nursing home. This category manifested why KA elders decided to leave their home and enter a nursing home. The moving process deals with placement experiences including participants' involvement in decision-making, time decided, and choosing a nursing home.

Reasons for Moving

Recognizing the best choice, making a decision to leave their home was found to be very complicated. Personal loss of independence, family situation, available care facilities in society, and many other factors influenced their decision. In most cases, when elderly people lost their independence due to illness, accidents, or frailty, they didn't want to be a burden to their family. Even though they preferred to stay in their home, financially they couldn't allow hiring a private caregiver at home. Although the elderly residents

feared the future, in order to avoid family conflict, they didn't have any other choice except moving to nursing home.

Avoid being a burden to family. Many elderly residents stated that avoiding family conflict or being a burden to their children is the primary reason for admitting to a nursing home. "When I was living at senior apartment, my kids used to worry a lot about me dying during the night, and I was determined to go to nursing home in order to rid my kids of that worry." (12-2)

They even tried to protect their families by hiding their feelings from the interviewer about their nursing home admission. "I didn't want to come here. But... being under the same circumstance, the old ladies talk together, and everyone has similar thoughts. Don't trouble your children, and they are somewhat reassured if we stay here... They have to live their own lives, and we shouldn't be too greedy." (101-2)

Many participants didn't want to be a burden to their children especially to their daughter-in-law.

My husband suddenly fell ill... His back... It was aching and I guess it looked pitiful to our daughters-in-law. Prior to the move, our two daughters-in-law took turns preparing and bringing meals to us. I quietly thought about it, then I realized how difficult it had been for them as they were so busy, and also had to carry the burden of caring for us. Therefore, I decided thinking I wouldn't be a burden. (81-1)

Oppositely, it became a burden to elders thinking about their children who worried about them. One male elderly resident had lived with his son before admission and stated

that his son was also a burden to him because he knew that his son worried about his father.

Coming home after work, my son would be tired. Although he would be worried about how I was doing... As the duty of being my son... And he would be worrying about what I was eating, and that would trigger other worries... At work, he can't focus.... I was a burden on his mind, and he was a burden on my mind.... Because he wouldn't be able to see me all day... That's how it happened.

(151-1)

In summary, most elderly residents' primary reason to admit to a nursing home was to avoid being a burden to their family. Some of them tried to hide their feelings from their children about not wanting to admit to a nursing home. They were concerned about their daughter-in-law and their children were also a burden to them.

Physical safety. Most elderly residents expressed the reason for admitting to a nursing home as physical safety. Losing physical independency and freedom caused them to move to a nursing home for physical safety. One elderly man stated that he feels easier in the nursing home rather than depending on his daughter-in-law.

They provide you with medical care, shave you, give you a haircut, and trim your nails. They care for you greatly. It can't be duplicated at home.... They even accompany you to the restroom. They handle your urine and feces, and how would anyone, no matter how nice one's daughter-in-law is, want to do that? I as the one being attended to don't like it either.... No matter how understanding my daughter-in law is, I won't be able to bear a burden of leaving my body up her to be cared for in such ways. There is no daughter-in-law in this world willing to

clean my urine and feces. The nursing home is the easiest to deal with. I would feel sorry and try to go to the restroom, and they ask me not to move and come to help me, acting just like my own feet and hands. If any accidents happen on the way to the restroom, it will be major trouble. They ask you never to go to the restroom alone, they will come to assist you... There is a small bell. Honk, honk, honk, if I just press this, they come. When they come, I ask them to clean this and that. They take me to the restroom if I ask, and if I say I'm cold, they pull up the blanket. If I tell them this linen is dirtied, they replace the whole thing right away... (92-4)

Another female elderly resident stated that she feels safe in the nursing home and appreciates the care she receives. She explained the advantages of a nursing home as providing nursing care, meals, medications on schedule, laundry, and therapeutic food. Within a week of nursing home admission, this elderly woman found the meaning of the nursing home experience.

I came because my rib bone was broken, and the other lady said it took three months for her. I'm just waiting and believing that it will be healed in two months as my injury is less critical than what she had. My mind is at ease here. They provide meals and medications on schedule, wash clothes, run errands and trim nails... I used to cook and ate the way I wanted, salty and spicy... but here they prepare without seasoning with salt... So I am more or less getting used to it. In this nursing home, they bathe you every three days... Ah, there's no place more comfortable than here. There is no reason for old people to say that they don't want to go to nursing homes... Would their own children serve them like this? (101-4)

In summary, recognizing loss of physical or mental abilities made many KA elders accept nursing home admission. Most elderly residents who were admitted to the nursing home via the hospital had suffered with acute conditions like cerebral vascular accident, pneumonia, or acute renal failure. Many elders who admitted directly from their home to the nursing home due to loss of cognitive ability, progressive weakness, and many other chronic conditions.

No choice. One female elder expressed her helpless feeling when she had to move according to her family's request. There was no alternative choice. "I didn't want to come, but my daughter constantly advised me to come. If your body become like this and can't control urination and bowel movements, you should follow without resistance." (62-2). One male elder also expressed that he didn't have any choice.

I had to pack to move. I am a dog not allowed bark. I am just looking up at the sky. How can a sick body calculate? Even if you calculate, you were born empty handed, and you will leave this world empty-handed. I just wait for a verdict from my son. Spank and interrogate him or what... I, again, become a pitiable human being. The only thing for me is to live aimlessly and then go. I had no choice. (151-5)

One woman elder, as she was getting sicker, wanted to stay home by hiring a private care giver but financially she couldn't afford to. There was no alternative to admission.

I used to have a person come three times a week to help me with bathing and shopping, but now I fell down and well... If I were to continue to hire the lady who used to come to my house to and help me, it costs \$1,300 per month, and isn't it impossible for my son to help me without letting his wife know about it? That

would cause trouble in his family... I had to cancel my apartment. Even a single apartment costs \$800 to \$1,000 a month, and I don't want to burden them as such, so I should live in a nursing home (chuckling wryly). (101-2)

In summary, for some elderly residents, there was no other alternative choice but admitting to a nursing home. When elderly people lost their independence, family was not able to take care of them. Financially, they couldn't afford to hire a private care giver.

Moving Process

Whether elders accepted the moving situation passively or actively made the best available choice, there were many tasks associated with the moving process. These include participants' involvement in decision-making, time decided, choosing a nursing home, and the physical move from home to nursing home.

Decision-making. Some elders were transferred to the nursing home by the way of the acute care hospital and most elders were admitted to the nursing home directly. The elders who admitted to a nursing home via acute hospital didn't have any chance to be involved in the decision making process for nursing home admission. They stated that it happened suddenly. One male elderly person stated,

I woke up at 4 o'clock in the morning, and fell losing strength in my left leg. I was struggling hard to get up, and fell three times. Strength in my left side was totally gone. My arms and legs were uncontrollable. So I thought I was coming down with a stroke. Tried to regain consciousness... The urine on the floor made it even slipperier.... At almost 8 o'clock, my grandchild saw me. Then my oldest daughter came to take me to the hospital.... Although I have my own son, they have to go to work. Who's going to serve me if I were to trust them to care for me? Who's

going to bring me water, and who's going to prepare meals for me? So I discussed it with the oldest daughter to make a decision. (21-1)

Elders involved in the decision making process, either solely or with family members' help, discussed the date to leave their home, choosing the facility, and their belongings to carry, etc. These elders were able to state clearly their reasons for relocation. A few elders who stated that there was no choice stated that their husband, daughter, or doctor made a decision for them to admit to a nursing home because they couldn't handle living at home due to physical condition.

Elders who were not involved in the admission decision appeared miserable and were not adjusting at all. One woman stated: "I made up my mind not to go to a nursing home but couldn't help it as my body was ill. They said I had to go to a nursing home if I wanted get cured.... At the hospital the doctor constantly said that I had to go to a nursing home. They didn't listen to me." (71-3). One female elder was very negative, angry continuously, and complained about quality of care, children's filial behavior, physical limitation, and inability to maintain activities of daily living as before. One stated, "I was cheated. There is no hope and there is no way... I'm totally dazed. It's extremely painful. I only wonder if I should live, die, or what I should do. I don't want to see or speak to the doctors either." (72-2)

Decision time. Decision time to admit to a nursing home was various. Most elders had been thinking about admitting to a nursing home for a long time but they didn't make a decision until the last moment, i.e., transferred via hospital emergency room, received a warning to move out from the senior apartment manager, or family members were not available. One woman elder stated, "I had been thinking to admit to a nursing home since

last year. And then this year I often felt I was losing my mind, the final day's nearing, and my daughter had to go to Korea.... I thought I would be comfortable here having meals prepared for you and they look after everything you need." (11-1).

Consideration in selecting a nursing home. KA elders and family considered the facilities' cultural program, providing Korean food, activities, and staff, as the main issues in selecting a nursing home. One male elder stated,

I spent a few months in the other facility before coming here. I came here because I was told that there are many Korean workers and Korean meals are served here, but there are none. Maybe there are one or two. It's killing me that I couldn't really communicate. So I was stifled. (121-1).

Other issues in selecting a nursing home were proximity to doctor's office, following friends, physical environment, or someone's recommendation. One woman elder said, "At first I was put into a bigger nursing home where you couldn't find any Koreans, for it was located near my doctor's office." (101-2). She had to move to another facility later on where the cultural program was provided.

The environment of the nursing home was another factor in choosing a nursing home. One man commented, "There are many senior nursing homes around here, but this one is the best for Koreans to live in. Meals are good, and the environment is clean... There is only one wish I have, about the air conditioning system here. From morning to evening sometimes it's little bit too cold and stifling." (21-2)

In summary, elderly participants stated that the main reasons for moving into a nursing home were to avoid being a burden to family, physical safety, or had no choice. An elderly woman who admitted to a nursing home directly from her home and was not

involved in the admission decision process, showed a very negative attitude and complained constantly. Most elderly participants admitted to a nursing home when they had a special chance after having considered for a long time. KA elders considered the facilities' cultural program when they chose a nursing home. Also, they considered the nursing home's physical environment, someone's recommendation, and proximity to doctor's office.

Struggling to Adjust

The third category, Struggling to Adjust, reflected the process of adjusting to a nursing home. How the residents perceived the nursing home environment and reacted to the relocation situation was represented as intervention and strategies. This process is described in two parts, including internal determinants of consequences and external factors used by elders to adjust themselves over the difficulties associated with the transition process. Internal determinants of consequences reflect personal factors representing their philosophy, attitude, and beliefs toward life; physical and social condition; and cultural background. External facilitators and barriers include coping skills used by elderly people in the nursing home.

Internal Determinants of Consequences

Internal Determinants of Consequences are predisposing factors of the outcomes. It consists of three components that help to explain why one person responds differently from another. These three components are personal factors, physical condition, and cultural background. Internal Determinants of Consequences are assumed to influence each other and affect consequences. They have been developed throughout the elderly people's lifetime.

Personal characteristics. Personal characteristics include personal philosophy, attitude, and beliefs toward life. Under the same environmental situation during the first month in a nursing home, elderly participants responded differently. Some participants seemed to be adjusting or increasing discontent depending on their adjustment status, however most participants appeared to remain in a same emotional status after one month of living in a nursing home. They maintained either positive or negative emotional status with the relocation depending on their personal characteristics.

One elderly male maintained a positive emotional reaction throughout the transitional process. He reflected on his religious faith and life philosophy and stated,

Hardships don't really matter to me. When I face hardships, I think, 'Aha, God is doing this because He is planning to give me better things.' I think this, and so I have no worries. No matter how difficult things might be, my mind is peaceful. Because I believe that He gives me hardships to give me blessings. (51-3)

Some elders expressed a tolerable attitude toward life and stated that they had nothing to be concerned about. They took a foresighted view of life. "Would there be true satisfaction in a world where humans live?" (12-3).

One 87 year old woman stated that there is nothing to worry about her age. "Would there be any worries? The day of my death is set already.... Wasn't it rare to be alive at the age of 80 or 90 in the old days? Living to be 70 used to be considered as long-lived... I am 87 and what would there be to worry about?" (81-2). Another 94 year old elderly woman also stated relating to her age, "There is an old saying that even a blind bird won't turn around to look at a woman when she reaches 40, and it seemed that naturally

even the people around you disrespect you as you get older. So I was getting old and my final day was nearing.” (11-1)

One male elderly adult with an optimistic attitude toward life stated there is nothing to be concerned about upon admission to a nursing home. “I do not have any concern. I just feel ‘whatever comes comes, I’ll go on living the way life happens.’ and nothing more than that. I don’t have any frustrating, depressive, or difficult feelings, really. It’s fun.” (51-2)

Another male elder reflected on his personal belief in dealing with a new environment and maintained the same emotional reaction throughout the transitional period. He stated that nursing home staff will respond nicely or badly depending on how residents treat them. “Some staff are nice and some are not. And if I don’t treat them well, they don’t treat me well. So it depends on how I do it.” (22-2)

In summary, reflecting on personal philosophy or positive characteristics in dealing with a new, difficult situation helped them to overcome. Religious faith, tolerable attitude toward life, optimistic attitude, thinking they were old enough to worry about anything, and cultivated character trait and behaviors in maintaining relationship with others seemed to help them to be positive throughout the difficult transitional period.

Physical condition. Deteriorating physical condition is the source of fear of future and the major reason for relocation for elderly people. As one component of internal determinants of consequences, dysfunctional physical condition is a natural phenomenon due to aging regardless of the individual elder’s effort. When physical conditions become worse and they cannot endure, cultivated character or religious faith didn’t appear to be helpful.

One KA elderly resident was very frustrated due to his physical condition. He used to have many friends due to his good character. One month after his admission to a nursing home, he revealed his increasing discontent and shameful emotions due to his deteriorating physical condition.

Looking to be cured is being greedy. Being greedy has its limitations. You must not be so grasping. You can't behave as a person should do... And you won't be treated well either... I want to go and die at my wife's grave. I'm living a miserable life in this world. I used be a very strong man and I helped many people. People told me I am a good man. But now I'm in this shape... As I get older, I'm getting weaker and more ashamed... (152-3).

One female resident had suffered with dysfunctional physical condition and tried to overcome with religious faith. A few months after the interview with the resident, she requested to stop the treatment due to physical suffering, the family decided hospice care, and the resident passed away. She expressed her effort to overcome physical illness,

... with my very ill body... Once in a while when I feel strange and uneasy, I say, "You enemy Satan devil, disappear now." I don't really how to pray, but when I have a hard time falling asleep, I ask God to pity me and overcome my sickness. I just ask him to forgive this sinner, for days and nights when I couldn't sleep, I keep reciting the Lord's Prayer and Apostle's Creed.... I haven't heard others say anything bad about me while I was living alone, but I sometimes feel depressed when I feel really sick... it's horrible and not good when my body aches more. I've told my kids, "Good heavens, I can't do it any longer. What use would prolonging

my life have?" My head aches frequently, and I feel dizzy and tired... This morning I couldn't eat the food.... (41-3)

In summary, elderly residents' dysfunctional physical condition related with the aging process was noted as one of the basic internal determinants of consequences. When the residents suffered with physical illness seriously, religious faith or self-cultivation didn't appear to be helpful for their adjustment during the transitional period.

Cultural background. Most Korean elders have experienced the very difficult eras of World War I and II, the Japanese occupation, and the Korean War. Many of them have painful memories of family death, poverty, and oppression. For many Korean women elders, under a patriarchal society influenced by Confucianism, their past lives were filled with many harsh memories living with their husband's family. There are many proverbs for successful living with the husband's family. One famous proverb is, "Three years blindness, three years deaf, and three years mute". It is a kind of lesson to keep in mind for a bride to maintain her marriage life.

Most KA elders came over to the United States following their children, and their unique cultural background was reflected as internal determinants of consequences during the transitional period in the nursing home. Their different ethno-cultural values and health behaviors strongly influenced their adjustment consequences.

Although the elderly participants' average periods stayed in the United States was 19.8 years, most elderly residents revealed their belief that the family should be the primary party responsible for disabled parents and they expressed embarrassed, shameful feeling for admitting to the nursing home. One elderly woman used to live with her son's family and expressed feeling of betrayal when she had to move to a nursing home.

When I was packing, I was so sorrowful. I only wished to be dead right then. I wanted to die even twelve times a day right in front of my son. Yes. So I used to take a very sharp knife and point it to my neck, but then the thought of the kid, him being hauled in by the police, and of seeing his life being ruined, prevented me from killing myself. Mother thinks of the child, but the child... So isn't there an old saying? Ten children can't support one parent, but a parent takes care of ten children. In fact, after he turned his back to me, I drank liquor and took medicine to die, and I woke up after sleeping for a few days. (41-5)

The KA elderly participants experienced many difficulties due to their tendency to hide their physical symptoms or emotional distress, language barrier, and different cultural background from staff. They wanted others to figure out their feelings, thoughts, and find out how to treat them. Yielding and self-sacrificing for group harmony was considered a virtue. They think confrontation or making an issue with trifles may be considered as causing trouble and making the situation worse, because harmonious relationship is very important in Korean society. Even if elderly Koreans have difficult problems, they want to solve problems quietly by themselves without complaining to others. One elderly woman tried to endure her pains without saying anything and stated,

People here boarded the last airplane, and we should endure minor pains, and I don't say anything for the fear that I may be accused of complaining too much.... I lived long enough, and I'm ashamed of complaining of my pains here and there so often. (101-3)

Several elders expressed the feeling of fatalism. It appears accepting their fate and the situation quietly, helped the Korean elders to remain in a same emotional status

without having emotional tribulation imposed by moving to their last home on the earth. In this study, several elders expressed the feeling of fatalism as a coping strategy.

“I am thankful. God has done so to me before... I am sure everything is all planned for...”
(62-3)

Many Korean elders expressed wishes of death. They were afraid of having a long life because they didn't want to take blame for bad incidents among family members. One elderly woman explained why Korean elderly people don't want to have a long life.

If I leave, it will be burden free. Living too long is not a good thing. I get blamed for the bad incidents that happened to my children.... Some people say this. When a grandchild dies, the tragic thing happened because of the old man/woman who is still alive. It is a tradition in Korea, they were so dirt, poor, and they had to minimize the number of mouths to feed. It is said that when the old passes away quick with being sick, they cry, and mourn a lot, but if the old troubled the kids for a long time, they don't even cry. So old people think it's a sin to live long. What good does it do to live long? It's just frustrating for me. (111-7)

In summary, in the process of adjusting to a nursing home, personal characteristics, physical condition, and cultural background were identified as internal determinants of consequences. These three factors help to explain why people respond differently although they are in a same clinical environment. Individual elderly residents' philosophy or attitude toward life, physical condition, and cultural background influenced as predisposing factors to the consequences of the adjustment.

External Facilitators and Barriers

External facilitators and barriers include intervening strategies influencing outcomes in nursing homes. Elders described that interpersonal relationships and living environment in addition to the predisposing internal determinants were their primary concerns during the transitional period in nursing homes. Maintaining good interpersonal relationships with family, staff, and close friends was important to elders to increase a feeling of security. A homelike supportive living environment was also essential to increase their feeling of safety.

Relationship. Historically, Korean people are influenced by Confucian philosophy. The teachings of Confucius emphasize benevolence and a harmonious society under a set of rules and roles. To maintain a harmonious society, people should inhibit their own emotions and keep the relationship with the surrounding environment. To maintain relationship with other residents, family, friends, or staff members, Korean elders emphasized a humble and positive attitude, and being benevolent by sharing food, giving gifts, or helping others.

One male elder stressed a humble attitude as a coping strategy to maintain a good relationship with staff members.

Some staffs are nice and some are not, and if I don't treat them well, they don't treat me well. So it depends on how I do it. Sometimes I feel unhappy and blow steam at them. I would show my anger and then regret it right after. What could I gain by being angry at these kids...? I'm at fault... I shouldn't be acting like that... What did that kid do wrong to deserve this...? That leads to a great deal of introspection... It's quite different from running a small plant... I'm pressing my

ego down to the ground.... Lifting my head and doing a headshake will only bring an adverse effect to me. (22-2)

One woman elder recommended to others that having a positive attitude toward the nursing home and trying to understand their children's situation will relieve burden from the children and help to maintain relationship with family.

Some places people are treated terribly. And in Korea, the ones moved to nursing homes usually are without children or lacking money. But still, this is America. No such place could exist. I mean this place is so nice and treats people kindly.

Everyone should go to nursing homes, why would anyone need to burden children or bring hardship on oneself? If you change your thinking a little bit, it's mutually convenient, but many people blame their children and they all become miserable.

Koreans, by traditional concept, feel ashamed of living apart from the children. But you don't have to trouble your children. (102-2)

Another elder emphasized that one should inhibit one's own emotions and be patient to keep a harmonious relationship with the surrounding environment. Showing friendship continuously regardless of others' response helped her to maintain relationship with her roommate.

My roommate is so arrogant and her voice is so loud. I thought how can a person be like that. I am confident that I won't live under her thumb. Many loud tongues amount to nothing much. What can she do while I keep making friends, smiling and sharing with her? So my roommate was melting right away. She doesn't nag anymore these days. She says nothing, and I hear no more loud voices... She complains everyday about the tree trimming outside the window... So I tell her

like, “It’s useless to complain. I love it that way. Let’s live in harmony.” The biggest concern I had in living here was about the roommate, but I have transformed her now, and there are no more worries. It works as long as I treat nice. (31-3)

Many elders also liked to give gifts to roommates or staff members to maintain relationship. Many Korean elders were benevolent by sharing food with others. A well-known proverb in Korea says, “Share with others even a single bean and do not take alone.” Korean families love to share food with others. It is easy to observe candies, fruit, or cookies in the nurses’ station where Korean elders stay. “Since we room together we share candies, cookies, and milk all day whenever my daughters bring them.” (12-3). “My youngest daughter brought a pot of thick beef soup yesterday. So I shared it with my roommate.” (42-1)

Thinking that I need to get close to staff, I have given them a few clean and gift-worthy boxes of candies picked out of candies brought by my daughter asking them to try, but they always refused to accept them. I gave good candies to the staff member for I was so grateful to her for helping me out the other day, but she won’t take it. I was planning to give a good one asking my daughter to buy me some and also agonized over what gifts would be good to this person. Now as Christmas nears, I’m thinking about buying and giving a small one at least. (32-3)

Some elders practiced helping others to maintain a peer group relationship. “One goes around looking for a room.... Everybody is in the same situation and so we should help one another.” “When my roommate needs to call a nurse, I do it for her. And she tells me that I am better than she is.” (42-4)

Bad relationship with staff due to a careless attitude increased resident's discontent and was a major barrier to adjustment in a nursing home. A male elderly resident refused physical therapy because he didn't like the therapist's attitude. Lack of caring attitude destroyed the therapeutic relationship between residents and staff. Also, many elders didn't feel comfortable speaking about their problems with someone they don't trust or with someone who doesn't understand their culture. One resident stated:

Although I don't speak proper English, it's more like Konglish, I express my opinions, and they don't listen... They go as they please, and then I let them be. If they were to treat us with passion and sweats, we would follow their instructions because we feel guilty looking at them sweat. But he always has something in his mouth, eating cookies and drinking water. Wow, what kind of a teacher is this?... When that happens, I stop exercising and tell the therapist I don't have the strength because I didn't sleep well last night. (22-3)

Also, residents were pleased and maintained good relationships with staff because of the employees' caring attitude which increased a sense of security for them. "I am so grateful to the kids (staff). They're really nice to me, calling me, 'grandma, grandma.'" (42-4)

In summary, building and maintaining good interpersonal relationships with staff, family, and friends were important in adjustment as a facilitator or barrier. In order to maintain interpersonal relationship, Korean elders emphasized keeping a humble and positive attitude, understanding their children's situation, sharing food with others, giving gifts, and helping others in their peer group. Employees' caring attitude also played a vital role as a facilitator or barrier in maintaining relationship for adjustment in a nursing home.

Living environment. The living environment of the nursing home, privacy, quietness, well-equipped facilities, cleanliness, view, and space were common concerns. Elderly residents get cold easily, therefore many Korean elderly residents were concerned about air conditioning.

As I am an old person, even during the summer, I have to stay warm with the wind blocked, but they have the air conditioner on, and I can't ask them to turn it off just for me. Because it's community living.... At nights, it's cold with the air conditioner on. So then I asked the staff, and I was told that they cannot turn it off just for my room, it is not simple. That's why I brought some blankets from home.
(141-1)

Problems sharing a room with cognitively impaired residents were illustrated as their concern by many elderly residents. One woman resident talked about the problems of living with cognitively impaired people.

With so many people in here being out of their minds, I am sure people will think I have lost my mind. But if I am assigned to a better room, it will be better and easier to sleep, and the lady over there with Alzheimer's disease won't sleep and gabble clamorously all night... She would gaggle continuously if the nurse doesn't come quickly. She puts on and takes off clothes, and last night she rattled on for two hours. At about four o'clock in the morning, she fell asleep out of tiredness. So I was able to sleep a little bit. Now, she sleeps like a kitten. But at nights, she would rattle on and scream. (111-4)

Another female resident commented that living with a confused other resident is the most unbearable experience in the nursing home. She felt scared and unsafe to live with those residents who visit their room uninvited and outburst violently:

I spent two nights with an insane old lady here. Then she would harass me, following me around like a messenger from the other world. Patience has its limitation, and she keeps calling me out and always stuck around.... And then they asked me to change rooms to that corner room over there. But I said I didn't want to... I told them I didn't want to move for this room is located in front of the nursing station, and I get to enjoy watching people a lot too. Inconveniences are caused mostly by the mindless old ladies... I felt distressed that I was told to avoid her when she was the one who should be forced to change rooms. The old lady looks like a skinny fox. How scared I was... I lie down on my belly and remain motionless whenever she starts screaming and ranting. She shouts so loud it blows lids off. That is the most unbearable thing in this nursing home. (101-5)

Many residents revealed that they were uneasy to watch other residents argue or fight. A pleasant atmosphere was the desired environment and many KA elders worried about other residents' aggressive behavior.

I don't quite feel good as the old ladies fight. I wish they would refrain from fighting with loud voices. Fights won't happen if one side is more tolerant, and yet they happen because both sides are equal and desire to win. I think that it would be really great if the fights could be eliminated. (82-1)

Another elderly person commented:

There are many people here who fight among themselves and talk too much with a lot of blah. So then I think, 'Ah, it is strange' I've got enough worries already.... With my body aching, I don't want quarrel with anyone, and wonder why they do that. I think about that. They talk too much. (42-1)

The well-equipped, clean environment of the nursing home was one of the major criterion in selecting a particular nursing home.

There are many nursing homes around here, but this one is the best for Koreans to live in. Meals are good and the environment is clean... Rearrange the garden to be wheelchair accessible, leave some lawns instead of getting rid of the whole grass area, and leave some trees... You could live breathing outdoor air if it's made to be where you could sit down and talk with others. If that can be done, there is nothing more to be desired. (21-2)

In summary, the living environment of the nursing home contributed for adjustment as facilitator or barrier. Lack of privacy by sharing a room, well-equipped clean physical environment, air-conditioning, and living with other aggressive and disturbing cognitively impaired residents were identified as residents' concerns with the living environment. Residents preferred to be in a clean and pleasant environment.

Culture specific care. Discovering culturally relevant facts to provide culturally appropriate and competent care is the goal of transcultural nursing. Cultural differences and a language barrier between KA elderly residents and staff caused great difficulties in adjusting to a nursing home. In the facilities where there is no Korean cultural program, Korean staff, Korean food, and Korean activities, the elderly residents had a lot of difficulties. Inability to communicate with staff due to a language barrier caused

frustration and serious problems. One KA elderly resident felt frustration and did not trust staff:

It's killing me not to be able to communicate. I totally gave it up, now I have no energy to be angry, and it's frustrating for I can't communicate. ... If you ask for water, they bring a urine pitcher. There is such a nurse in here. So... I can't tell you.... I understand it to a certain extent... But that's too much.... And then if I ask for some medicines, she would run away without paying any attention to me... Gosh, it is just too hard to make myself understood.... It would be good to get some sleeping pills tonight. Last night they gave me some pills, but they were ineffective. I couldn't sleep at all last night. I asked for some sleeping pills, and I took the big white pills they gave me saying that they are painkillers, and what can I do? If my home was close by, I would go bring the sleeping pills from home to take them. Gosh, I can't even do that. I am living a prison life. They do have the needed medicines here, right? It's frustrating. (121-3)

Many Korean elders like to take oriental herbal medicine. They believe in the power and influence of herbal medicine. There are many available dietary supplement types of medicines on the market. Acupuncture, acupressure, cupping, and herbal medicines are common treatment methods. Although Korean elders like to take oriental herbal medicine, it is problematic in nursing homes. According to pharmacy policy and procedure, all medicines should have specified expiration dates and ingredients. However, on the packages of most oriental herbal medicines, they do not specify expiration date or ingredients.

One resident was very frustrated since she was not allowed to use oriental herbal medicines. She wanted to use acupuncture and oriental herbal medicine for her lower leg arthritis pain: “Although I take some medicine, I think I should take some herbal medicines. My son is an herb doctor and he used to provide my herbal medicine. I wish they would allow me to take that medicine here.” (32-2). Since many Korean elders desire to use traditional therapy in addition to modern therapy, consideration for using oriental herbal medicine or traditional alternative therapy in nursing homes is needed.

Korean food and quality of the food was a common concern of the residents. Many residents complained of the lack of salty taste of the therapeutic diet. Although many residents understood the limitations of food in a nursing home, they would have liked to have more variety of food and salty enough food for taste. One resident commented: “It’s not good without Korean foods. I would like to have all of the Korean foods. Kimchi, marinated vegetables, bean sprout, bracken and so forth. I used to also make and eat bibimbap...” (92-2). Another resident was also concerned about the quality of food:

Cause you’re a patient. I just eat silently without complaint because they feed me with the meals properly prepared with the knowledge of my illness. I don’t say a word... I left Korea a long time ago... Korean condiments offer very savory tastes.... Korean food here... It’s too bland. And it’s not well prepared. If you chew raw vegetables instead, taste comes alive, but I don’t know if they extract the juice out of vegetables or because it’s blended by the mixer, they only give you lumps of dried vegetables.... I couldn’t stand it, how can you give this to human beings to eat..... (22-1)

Korean program activities appeared to influence the residents as a facilitator in adjusting to a nursing home. Many residents were concerned about how to spend their time. One male resident had to move to another nursing home where they don't provide a Korean cultural activity program and he stated:

This is not really good. I used to play, dance, and converse with others when I was at the other nursing home, but now, as I'm lonely with no conversation partners.... There's nothing to do but sleep. When I feel sleepless, I would sing alone. That's how I let time go. Time moves so slowly. It is pointless to live like this and I would rather die early than to live this way. Sometimes when it gets too difficult, I ask the kids, "buy me the medicine, it's better for me to die taking the sleeping pills." It is true. (92-1)

In summary, the KA elderly residents in a nursing home were concerned with culture specific care in adjusting to the nursing home. Korean staff, Korean food, allowing oriental herbal medicine, and a Korean cultural activity program were essential for them in adjusting to the nursing home.

Rules and regulations. Residents have tried to find out about nursing home life through observation or learning from other residents about their new world. They learn and accept nursing home rules and regulations to adjust to new patterns of living. Although learning rules and regulations are necessary to adjust to a new place for safety, one man explained them as inconvenient constraints:

I feel like I'm living a chained life. You can't go out alone to the patio. You could go enjoy the breeze on the lawn only if you are with a guardian. Even going out to the lawn right in front can't be done by you alone. There's no access door, so I

have to get consent from the patient living in the room across to be able to use the door, and it's not easy.... That's the rule and I can't go forward breaking the rule... This is the most inconvenient and least satisfactory. I haven't done anything wrong... I'm being hospitalized because my body's ailing... (22-1)

Complying with medication policy in the rules was also identified as a constraint to adjusting to the nursing home. Some residents wished to keep the over the counter medicine at the bedside drawer for their convenience which was not allowed. One exemplified:

They constantly have you take the medications. The medicines are effective when they are taken in a good mood.... With heart medicine and pain killer, I take eight different medicines. They ask you to take the medicine while they are watching, but I feel like vomiting taking medicines when I couldn't even finish digesting the foods. I ask the nurses to leave the medicine behind, but they wouldn't leave insisting that I take them while they're watching. So this morning, I vomited till 12 o'clock. (111-3)

Learning rules and routine schedule is an important process to adjusting to a nursing home. One female elder observed how other resident treated staff to have a close relationship. She learned the tip policy and liked it:

... Housekeeping act in discriminating manners. They listen to my roommate and they don't really listen to me. My roommate lures them with candies. Those candies came out of this nursing home, and she would slip them into the housekeeping pockets with my knowing. She is training them in bad ways. Perhaps because of that, they treat my roommate kindly saying "grandma,

grandma... ” I thought they mistreated me because I was a newcomer. So thinking that I need to get close to a staff, I have given a staff a gift-worthy box of candies asking her to try, but she always refused to accept them. She helped me out the other day. I thought “Ah, it’s different,” and then I tried not to give it to anybody. Honestly, if staff members are not supposed to take anything from residents, I like the rule. (32-3)

In summary, although residents had been there for a very short time, they tried to recognize and adapt to rules of daily living. Most rules appeared as barriers to adjusting to a nursing home, but some rules were like facilitators. For example, no keeping medicines in their drawer, meal times, no tips for staff, using the call bell for assistance, keeping snacks in a container, shower schedule, and outing policy were rules to learn to adapt to the nursing home.

Supportive care . Employees’ caring attitude was an essential characteristic of a supportive environment. Feeling that someone is there for them all the time, to listen and care for them increases a sense of security. One female elder was thankful for the employees’ caring attitude:

When I first moved into this room, I was quite sad. But now it’s gotten better after changing the direction of the bed. I don’t want to sleep with my head near my roommate’s feet. I was not raised in that fashion. I cried lamenting the fact that I had to sleep with my head near someone’s feet. But a social worker bent my roommate’s will. How ferocious she was... The staff told me to leave the room, and when I came back it was moved back to normal position. I was thankful to that staff. (31-4)

They felt a supportive caring relationship when they were called grandmother:

“I’m grateful to the staff. They’re really nice to me, calling me, ‘Grandma, grandma.’”

(42-4)

Lack of caring attitude was a serious barrier to adjusting to a nursing home.

Residents expect to be cared for by staff like family. One female resident was shocked with the nursing home experience where she could not communicate with staff and where there was no supportive caring attitude. She even had a nightmare and expressed her dismay as follows:

I stayed at another nursing home where no Koreans can be found for four days, and that place was a hell. They don’t respond to your call, you’re all tied up to the bed, they never check up on you during the nights, and I couldn’t communicate for there were only Mexicans there. You should never go to a place like that.... I urinated while tied up, and the diaper wasn’t big enough, so practically I was lying in a pool of urine, oh, my... I stuck three thin blankets between my thighs, and no one came even though I kept pressing the bell at night. Ah, that place is... I was just soaked in urine.... And patients cried and made noises throughout the night. Once I came here, this is a paradise. No one cries at nights here. Really, no human can survive there. Old Koreans should go where there are Koreans, where they can communicate, if they go to places like that, it will be a major disaster. I dreamt that, to tell you how terrible it was, I was so hungry, and somehow I was able to escape out of the fully blocked bed, I covered my totally naked body with a bed sheet, and I ran out to a street where I found a burger vendor. So I asked if I could get a burger, and the vendor asked for money. I replied that I have no

money, and while I was standing there vacant-mindedly without having a burger, my oldest son from Chicago showed up. My son got me a hamburger. But the vendor was refusing to take the money from my son. So I asked the vendor why he wouldn't take the money, and he just stared at me without saying anything. Oh, my... Anyway I even had a dream like this... I ran out to a street covered in a urine soaked bed sheet.... It was so miserable... (102-4)

A continuous former relationship with family and close friends was also important for supporting the residents to adjusting to a nursing home. Residents had a sense of security when they had a feeling of connection with their family or friends visiting. Most residents wished their family would visit them frequently. One woman resident commented: "I would like to tell family to visit frequently because it's depressing not to have any visitors.... It's most depressing when you're completely disregarded (abandoned). If children don't come to visit." (72-3)

Some residents mentioned their family supports them with prayer: "My daughter said she prays and cries for me at the morning-prayer services." (41-4)

KA residents felt supported by and proud of their family who brought treats to share with other residents or staff by being identified as valued people. They liked to advise family to visit with food to show their sincere heart. One resident felt supported by her family since they never visit her empty handed:

My roommate's daughter came without even a bag of cookies or pack of milk. So I asked, "How can you come empty handed visiting your mother?" And she said, "That is because my mother doesn't eat anything." But the human psyche is not like that, is it? Since we room together we share candies or cookies whenever my

daughters bring them. So I realized that daughters treat their mothers differently in their own ways. My daughters would never visit me empty handed. But her daughters don't bring anything every time. She hardly talks about her daughters and son, and then she showed teary eyes. (12-3)

In summary, staff's caring attitude as well as family's supportive care is considered very important as a facilitator to adjusting to a nursing home. They felt secure when they were aware that staff listened to and cared for them. Many KA residents felt neglected due to a communication gap. Many residents perceived more support when their family visited frequently with treats to share with everybody.

Building and maintaining good interpersonal relationships with staff and family, clean and pleasant living environment, providing culture specific care, convenient rules and regulations, and supportive care by family and staff were important external factors as facilitators and barriers.

Finding "Pyung-Aan" (Peace of mind)

The category of Finding "Pyung-Aan" represents the consequence of the entire transitional process to a nursing home of KA elders. Elders who accepted the nursing home as their home manifested a sense of relief and security, and elders who increased discontent expressed feelings of suffering and insecurity.

In this study, many residents appeared to have remained at almost same emotional status from the day of admission till after one month of staying in the nursing home. Their life history, describing past and present, reflecting their personal philosophy and belief influenced as internal determinants.

Although many residents reflected on their personal philosophy and belief upon admission to the nursing home and remained at an almost same emotional status, one month after placement and adjusting to living in a nursing home, residents revealed either a sense of relief and security or suffering and increased discontent about the situation.

Increasing Content

Sense of relief and security. Participants' common reaction upon admission was a sense of relief from doing tedious housework. In a patriarchal society, traditionally Korean women are the ones who had all the responsibilities of their housework. One of the participants stated that she felt relief from worry about her housework:

It's really great once I came here. I'm completely relieved. I don't have to worry about anything.... Nurses come everyday to check up on me. I don't have to worry about the meals. They clean it for you. They bathe you too. How great is that?... I have no worries. I left everything up to others.... I don't think there is any other place better than this place. I think this is better than my children's homes. I love it because the system is well set up. (91-2)

Not only due to relief from tedious housework, residents also felt secure to stay in a nursing home because they knew staff would visit them and check their physical safety everyday. One woman resident expressed her sense of relief at no longer being alone and to have a chance for socialization with other people in a nursing home.

This nursing home takes care of everything so I don't really feel any inconvenience. Even an apartment is good as your own place, but in here, it's good that they cook, wash clothes, clean, run errands and trim your nails for you, and the nurses provide medications on schedule for you. Ha, ha, ha, living at the

apartment, if you keep the door closed without anybody coming in and out, they won't know even if you're dead. But in here, that's not the case. It's great to have more chances to meet people. (101-4)

Other residents described a sense of liberation from managing their household and relief from financial burdens. One man expressed that he should have admitted to a nursing home earlier:

It's really nice. The monthly welfare I get is about \$735, and as for two, the total is little over \$1,300, and we have about \$365 left per month once rent and other things are paid. That means we can't spend more than \$10 a day. We tried hard not to ask our children for financial support.... Thereupon it felt really great. Ah, this was how it should have been.... I thought I should have come earlier. (132-1)

Many elders advised other family members who are facing the same situation to move their parents to a nursing home to provide relief from family conflict. They felt sorry to be physically dependent on their family and described the most painful situation is getting help for incontinent bowel movement in a bed. One woman resident felt relief from worry for being a burden to her family by admitting to a nursing home.

Send the parents without hesitation to nursing homes because old people always feel sorry for troubling their children if they defecate or urinate accidentally, and in here, they don't have to feel sorry while they get cleaned and washed. It's the most painful problem for old people to go to stool lying down... By replacing diapers, urinating lying down can be handled without the odor... Once you come here, you don't have to worry about those things. Sick patients don't need to worry about relieving themselves sitting or lying down.... The fact is that you

could live comfortable without being sorry. I highly recommend it. No matter how well-to-do your household is, if you're sick and bedridden, you are bound to feel sorry for your children, and they won't look after you, so, well, living like this is to live in heaven. (102-5)

In summary, residents who had positive experiences in a nursing home revealed a sense of relief and security. The prominent feeling was a sense of relief from activities of daily living and at no longer being alone; feeling secure by being aware staff will take care; sense of liberation from financial burden; and relief from worry for being a burden to their family.

Increasing Discontent

Feelings of suffering and insecurity. Some residents increased discontent after one month of living in a nursing home and expressed feelings of suffering and insecurity.

These residents tended to complain more of physical symptoms. Also, they appeared to be disconnected from their family. According to staff, one elderly resident's family visited the resident more often than others, but still the resident complained about her family not visiting her. She expressed a sense of powerlessness, depression, sadness, anger, physical deterioration, abandonment by family and being cheated by others.

There is no joy. I see no improvement.... What should I do.... That surely makes me feel depressed.... It's lamentable because I'm not getting better even though I came here thinking that I would improve and also none of my family members visit me. It's suffocating to think about how I should live on. I only wonder if I should live, die or what I should do. It's extremely painful.... There is no hope in here from the beginning. It's just draining getting physical therapies with no

progress.... Only thing I do is to search what to do.... It's worrisome and unpromising.... Sometimes out of frustration I would pound my legs. I came here because I was told that they offer good treatments and my legs would recover shortly, but I guess, in one way or the other, I was cheated again. There is no hope and there is no way... (deep sigh).... I'm disheartened and angry for my legs aren't getting any better, the nurses aren't taking care of me and it looks as if my legs might be getting worse instead of improving.... What am I doing... There's no possible way... I am saddened alone thinking about how my children have abandoned me here at the nursing home.... I feel dizzy and ready to collapse. (72-2)

Some residents blamed the time and place of where they are living for their children sending their parents to a nursing home. Deteriorating morality in this era and living in the United States caused them to end up suffering in a nursing home. They believed a moral consciousness was very strong in the old days, however, in modern times, people are just too busy living. One male resident stated,

... In the old days, when we were young, my wife always observed 3-year funeral obligations. If I die now, far from observing a 3-year funeral, I think they won't even come once to see me. The fact is that coming to America seriously ruined it. Before I came to America that was not the case. It's ruined by coming here.... I thought about this carefully. I don't like to lie. Even in busy lives, there are ethics for human beings.... I just have to blame the circumstance. It is so because I live in the wrong period. Korean traditions in the old days were so great. Identifying and caring for even your cousins and second-cousins.... Now here, cousins are

unrelated people. My illness is not improving for my old age. I have resented God a lot. For not stopping my breath and letting me live to be over 80.... For leaving me for more tough times... To live longer is to be in more pain.... As I get older, I'm getting weaker and more ashamed. (152-2)

In summary, elders who were adjusting to the nursing home expressed a sense of relief and security. Most of them felt relief from activities of daily living, worries of physical care, financial concerns, loneliness, or family conflict. Elders who were having difficulties adjusting in a nursing home expressed increasing discontent. They showed feelings of insecurity and suffering. They tended to blame family, their causal relation with their children in the past, deteriorating morality or ethics of this era or living place, or themselves. They tended to complain of more physical symptoms, disconnection with family, feeling of helplessness, anger, depression, and abandonment by others. Those who experienced increasing discontent (20%) were discharged with a two months period to the care of their family or remained in the facility.

Summary

Personal characteristics and cultural background were found to play an important role during the process of adjusting to a nursing home for Korean-American elderly residents. Although interview participants were in a similar caring environment, their perception/experiences of the nursing home were individual, either positive or negative, depending on their personal characteristics. Many KA residents had a tendency to hide their emotional distress of moving into a nursing home to relieve their family burden, and most of them revealed an embarrassed feeling for staying in a nursing home against traditional family expectation.

Many elders had fears upon admission to nursing homes due to the unknown future: Loss of familiar surroundings, unknown nursing home life, deteriorating physical condition, and relationship with their children. To avoid being a burden to family, physical safety, and having no choice were the major reasons to move.

In the process of struggling to adjust, internal determinant factors are particularly critical in regard to KA elderly people in nursing homes. Internal determinants of consequences are personal characteristics, physical condition, and cultural background. Most KA elders appeared to remain in a same emotional status, either positive or negative, after one month of living in a nursing home depending on personal characteristics or physical condition.

External facilitators and barriers in the transition process to the nursing home are identified as maintaining relationships, living environment, culture specific care, rules and regulations, and supportive care. Many KA elders have chosen a nursing home depending on the facility providing culture specific care. Providing Korean food, activities and staff to be able to communicate are critically important to their adjustment to the nursing home.

KA elders who felt the nursing home was their home had increased sense of relief and security. However, elders who increased discontent adjusting in the nursing home expressed insecurity and suffering. They tended to have more physical symptoms, disconnection with family, and blamed themselves or others.

CHAPTER V

DISCUSSION OF FINDINGS

The aging population in the United States is increasing rapidly and Korean-Americans are one of the fastest growing ethnic minorities. Many elders consider nursing home admission as the worst possible event affecting the later stage of their lives. In many cases, elders experience numerous transitions simultaneously with physical and mental deterioration, and they have to leave their familiar place and enter the nursing home. Furthermore, for aged Korean-American (KA) parents, within the rapidly changing context for caring, the traditional expectation of filial piety severely strains the relationships between elderly parents and their children. Little attention has been paid to KA elders' experiences with nursing home placement.

This chapter will contrast the findings of the KA elders' experiences in nursing homes in this study with the findings in related literature. The first part discusses the contrast between a theoretical model of Finding My Last Home and related theories. The second part is a comparison of elders' nursing home adjustment experiences among Korean-American and other cultures.

The Theory of Finding My Last Home

The theory of Finding My Last Home consisted of other subcategories: Fearing the Future, Deciding to Leave, Struggling to Adjust, and Finding "Pyung-Aan". It explains substantive personal perception/experience associated with admission to a nursing home. It reflects the Korean-American elders' value of sacrificing their lives for their children, as well as altering expectations, and attempting reconciliation to maintain relationships with their family members. Since Korean elders were traditionally cared for by their children,

their experiences of nursing home life in America, and their perceptions of adjustment may be influenced by cultural factors.

Although many Korean-American elders feared relocating into a nursing home, the hope or intent of avoiding being a burden to their children enabled them to adjust to a nursing home. No matter whether the elders experienced sadness, rejection, and feelings of betrayal due to their children, they were able to justify their admission to nursing homes by attempting to understanding their children's situation. Sacrifice for their children until the last phase of their life motivated and empowered them to adjust to a nursing home. Additionally, positive personal characteristics, maintaining relationships, and a supportive environment also affected adjustment to a nursing home.

This may be one of the first studies to examine Korean-American elders' adjustment in the nursing home in the United States. The analysis of 15 Korean-American elders adjustment to a nursing home addressed several important study findings. First, although interview participants resided in an almost similar external care environment, their adjustment was individual according to their internal determinants. Elderly residents' personal characteristics, physical condition, and cultural background strongly influenced the process of adjustment. In the other study of Chinese elders, Lee et al. (2002, p.673) also pointed out the Chinese elders' perspectives in the process of adjusting to a nursing home, and stated that "elderly people's adjustment experiences and behavior were strongly influenced by their life experiences and sociocultural values." Other studies also have reported the influence of personal philosophy as the core contributing factors to thriving in a nursing home (Bergland & Kirkevoid, 2006; Iwasiw et al., 1996, 2003; Lee, 1999; Oleson & Shadick, 1993). In this study, internal determinants of consequences, personal

factors and cultural background, built up through their lifetime, influenced elders strongly and allowed them to maintain their positive or negative attitude upon nursing home admission.

Second, the findings suggested, except for a few residents, most residents showed a sense of relief and security from the beginning or after one month of nursing home admission. Individual responses varied, however, and there was no stepwise sequence process in the adjustment process. Although many elders feared with uncertainty every aspect of their daily life in a new physical and social environment, most of them were calm and participated in the interview process with equanimity. KA elders' emotional reactions within one week of admission and again after one month of admission, remained almost the same and they tried to understand the new environment.

According to Brooke's(1989) study, 93% of the elders progressed through four adjustment processes within eight months: disorganization, reorganization, relationship building, and stabilization. Lee et al. (2002) also stated that within six months, most Chinese elders began to stabilize in a nursing home through the four stages of orienting, normalizing, rationalizing, and stabilizing. Wilson's (1997) study during one month after admission to nursing homes, identified three phases of elders' transition to nursing home life: overwhelmed, adjustment, and initial acceptance phase. Apparently these studies described similar pattern of the adjustment processes.

In this study, although there were several exceptions, many KA elders showed stabilizing signs during the one month period. Perhaps Korean cultural values of patience, harmonious relationships, and appreciative attitude made it easier for elders to adjust to a new environment. Korean people's tendency of hiding emotional distress could be another

reason that participants had difficulty in describing emotional distress clearly in the adjustment process. Otherwise, one month of the interview period could be too short to notice the trend of adjustment process.

Pang (2000) stated that the belief of fatalism has empowered elderly Koreans to endure, persevere, and overcome their destiny by accepting their fate or their troubles. Several famous proverbs reflect Korean values which emphasize the importance of an optimistic and patient attitude: “Even if the sky falls down, there is a hole or a way to survive.” “If there were only three letters *yin nae sim* meaning patience, even killing would be prevented.” “If people are patient for an hour, they will be peaceful for one hundred days.” “Losing is winning.” (Pang, 2000, p. 32).

Third, no matter what precipitated the move into a nursing home, avoiding being a burden to their children made the majority of KA elders accept and adapt to life in an institution. At the later stage of their lives, the elders had lost their occupation, their health, spouse, property, their ability to think may have been diminished and their belief that their children would care for them was negated. However, thoughts of their children and their well-being made them move into a nursing home. In accordance with a statement by Pang (2000), Korean-American elders try to live independently, yet their children were at the center of their decision-making and practice. Some KA elders are afraid of their children losing face since their parents are in a nursing home. Protecting one’s face and preserving honor for one’s family is important in Asian culture (Lee et al., 2002; Zhan, 2003).

Chenitz (1983) explained that legitimization which is the finding of a plausible reason for the admission to a nursing home, is an essential condition because it provides an

incentive. Once the reason for the admission was accepted by the elder, admission and adjustment into the nursing home was legitimized. Indeed, as a reason for the admission, avoiding being a burden to their family is a common reason identified in other studies (Iwasiw et al., 1996; Lee, 1997).

Forth, in the process of struggling to adjust, the quality of supportive care and culture specific care was important among external factors contributing to adjustment to a nursing home. Korean-American residents and family chose the nursing homes which provided culture specific care. Being able to communicate with staff, enjoy Korean activities which enhance their social interaction, and having Korean food at every meal time is an essential aspect of providing culture specific care. In this study, the supportive caring attitude of the nursing staff also influenced the adjustment to nursing home life. Korean elders commented that staff members' polite and sincere attitude made them feel easier in adjusting to the nursing home. According to related literature, relationship with staff (Chao & Roth, 2005; Chenitz, 1983; Lee et al., 2002), listening to residents and family members to improve the resident's life and dignity (Iwasiw, et al., 2003) were important in facilitating adjustment to a nursing home.

In summary, the substantive theory of Finding My Last Home focused on the Korean-American elders' adjustment into the nursing home. An elder's adjustment was related to internal determinants and external factors. In the process of struggling to adjust, internal determinant factors are particularly critical for the elderly people in the nursing home. The sense of relief and security and feeling at home found in this study could be an indicator of adjustment. To find a last home on the earth and adjust to living in a nursing home, developing external coping strategies in addition to internal determinants was

needed. Understanding a theoretical model of the transition to a nursing home of KA elders provides a framework for intervention to help people effectively manage these events. Overall, findings from this study are partially supported by previous studies on influencing factors for adjustment (Chenitz, 1983; Iwasiw et al., 2003; Lee, 2002).

A Comparison of Elders' Nursing Home Adjustment Experiences among Korean-American and Other Cultures

Past life experience and cultural beliefs affected KA elderly residents' dealings with a new environment. Since the results are so limited related to the KAs' experiences, it is necessary to compare the findings to related experiences in other cultures.

While most longitudinal studies related to residential care placement described a stepwise adjustment process (Brooke, 1989; Lee et al., 2002; Nolan et al., 1996; Wilson, 1997), for example, disorganization, reorganization, relation building, and stabilization (Brooke), the findings in this study after one month of admission to the nursing home indicated a positive or negative perception from the beginnings depending on personal characteristics or physical condition. Although study periods and designs differed, many KA residents did not seem to show an emotional change from the time of admission to one month later. It appeared that KA elderly residents' tendency of hiding physical and emotional distress in order to maintain harmonious relationships may have influenced the results. Since little is known about KA elders' experiences in a nursing home, further study is needed.

There are abundant studies of elderly people's nursing home experience and adjustment process in the Western world. Factors identified as important influences in long-term care for the Western elders were control and power over one's life (Beaver,

1979; Nay, 1995), sense of independence and autonomy (Chenitz, 1983; Wilson, 1997), rules, norms, and lack of privacy (Iwasiw et al., 1996; Wilson, 1997), and quality of care and quality of life (Pekkarinen, L., Sinervo, T., Perala, M., & Elovainio, M., 2004; Kane, R. L., Bershadsky, B., Kane, R. A., Degenholtz, H., Liu, J., Gile, K., & Kling, K., 2004). In this study, while concerns about quality of care, rules and norms were also raised by Korean-American elders, generally the issues of control and power, independence and autonomy were not regarded as important.

In studies of the Chinese elders in Hong Kong, (Lee, 1997, 1999; Lee et al., 2002), the importance of cultural values in long-term care provision was identified in their perspectives of adjusting to nursing home life. The authors stated that the Chinese values of balance, harmony and collectivism have made it easier for the elders to accept the communal way of living. Furthermore, Lee (2005) commented on the similarities and differences between Taiwanese and Chinese elders. While both groups of elders revealed difficult interpersonal relationships, they did not consider the lack of autonomy and control as important, and Taiwanese elders were more concerned about lack of privacy in the nursing home. Unlike the research results from Western society, living with rules and regulations, the communal nature of nursing home life, lack of privacy and autonomy were not regarded as serious barriers to adjustment by Chinese elders. Chinese elders value the importance of collectivity over individuality and that influenced elders to adjust to the demands of rules and regulations in the nursing home (Lee).

For the Korean-American elders in this study, they also value harmony for maintaining relationship with others like the Chinese elders. However, some residents were concerned about rules and regulations that arise from living together. They were

concerned about medication time, not being allowed to take herbal medicine or keep medicine at their bedside, rules and regulations related to diet, not being allowed to go outside to the patio alone for safety, having to shower only twice a week, etc. Although KA elders have a similar cultural background to Chinese elders and value the importance of collectivism and harmony, their current living environment in the United States may have some influence as rules and regulations were perceived as a barrier for KA elders to adjustment in the nursing home.

In summary, since the results of the study of KA elders' nursing home adjustment experiences were limited, they were compared with the results from Chinese culture and Western culture. Findings from this study were consistent with Chinese elders. Unlike Western elders, autonomy, power and control of their lives, and lack of privacy were not regarded as important for KA elders. Nevertheless, unlike Chinese elders, the KA elders had concerns about nursing home rules and regulations.

CHAPTER VI

IMPLICATIONS AND RECOMMENDATIONS

Admission to a nursing home is a major painful life event for elders, no matter how warm and welcoming the nursing home may be. Losing their home is equivalent to losing all of their meaningful past and quality of life. While Korean-American elders are changing as Americans, their cultural expectancy toward their children to take care of their late life still remains. To avoid being a burden to their children, Korean-American elders accept the nursing home and try to adjust. The Korean-American elders' shared experiences of the process of nursing home adjustment have important implications for health policy, nursing practice, nursing education, and research for elders' care. This chapter includes a critique of the study, and discusses the implications and recommendations for the future.

Critique of the Study

There are several limitations of this study. First, the findings of this study may not be generalized since the two participating facilities provided cultural programs for Korean-American elders. Many Korean elders in nursing homes in the United States do not have any cultural program benefits, and might suffer more seriously during their transitional period. Second, two interviews within one week of admission and again one month after admission to the nursing home may not show a specific trend. However, a longitudinal approach for at least eight months, would be of benefit to provide insight into the adjustment process for the Korean-American elders. Third, since the ages of the participants in this study ranged from 65 to 101, and the average periods of stay in the United States since immigration was 19.8 years, many elderly participants might be

influenced by acculturation. However, it is apparent that traditional values strongly affect the Korean-American elders' perceptions and experiences in nursing home adjustment.

In spite of these limitations, this study is useful for the planning of nursing home services for Korean-American elders. The research on Korean-American elders in nursing homes is very limited. Apparently this is the first study of nursing homes for Korean-American elders. Approached from the cultural perspective, this study will contribute and provide an opportunity for understanding an elder's perception/experience of transition into a nursing home. Elders' descriptions will contribute to develop strategies for health professionals. This study's results are a meaningful resource to provide culture-specific care for the Korean-American elders.

Implications and Recommendations

Health Policy

Avoiding being a burden to family enabled KA elders to accept and adjust to nursing home life. In other words, love for their children empowered KA elders to accept the stressful reality. Although children seem to have no legal obligation to support their parents in Western society, elder care is a social issue. Family and government should assume greater responsibility for supporting elders. For example, families who take care of their parents have tax benefits in Korea for the purpose of reducing public expense and encouraging the virtue of filial piety. Without imposing a burden on families, the government might be able to motivate and encourage people to participate in caring for elders by policy making.

With the increasing need for diverse ethnic elder care, it is necessary to develop a culture specific care model and provide cultural programs. To increase the quality of life

of different ethnic groups, it is important to be able to provide the ethnic food, staff members who understand the culture, and communication in their language. Since many Korean elders truly believe combining oriental traditional healing methods and modern treatment could be the best solution for their health, related policy and procedures in nursing homes need to be developed.

Nursing Practice

Elderly Koreans have a tendency to hide their physical symptoms or emotional distress to maintain a peaceful relationship with others. They may feel sad, angry, frustrated, disappointed, or depressed, but are reluctant to express these emotions. They do not want others know their complaints because they believe it is the best way to keep harmonious relationship with others. Nurses have to be sensitive to the characteristics of traditional Korean elders. In order to identify their concerns, nurses need to allow them enough time to ventilate their feelings and pay more attention to their small concerns. Nurses need to develop their communication skills by understanding the elders' cultural background. Exploring simple Korean words or gestures, using a communication board, and using family or staff who can speak the language could be helpful to increasing communication skills. Elders should be reassured that expressing their negative feelings of anger or complaints is not bad. Staff members need to encourage elders to express their concerns, not to hide their feelings, and respect their concerns to keep open communication channels. It is necessary to involve family members and encourage them to visit and express concerns for residents.

Providing culture specific care is critically important for Korean-American elders in a nursing home. In order to provide culture specific care, basically the facility has to

have enough Korean staff, Korean activities, and Korean food. Since most elderly people are unwilling to live in institutions, a concrete effort to provide this service is essential. The facility owner should consider appropriate culture specific care in meeting the demands of KA residents.

Building trust in the relationship during the early stage is important. Unless elders trust staff at the beginning stage, nursing intervention becomes inefficient and confronts difficulties. To build and maintain relationships with elderly residents, staff need to listen to residents and family members with a sincere attitude. Careless, neglectful or impolite manner of the staff affect the process of nursing home adjustment as important barriers. Continuous in-service from the staff is required to improve quality of life for the elders.

It is worthwhile to note that the KA elderly are family-oriented. The staff must know that not only the elderly KA resident, but also the family members should be included in the assessment as a source to resolve difficult issues in caring for the resident. The staff should include family members in the resident care plan to support care of the KA elderly residents.

Nursing Education

The United States is rapidly becoming a multicultural society. Unless culture-specific educational programs are included in nursing school programs, it will be difficult for many nurses to provide culturally appropriate care for many diverse ethnic people. As professional health care providers, nurses are asked to play a key role in providing high quality culturally competent care.

The development of an educational program is needed to provide culturally appropriate care for nursing home elders. To prepare qualified nurses for Korean elders,

school educational curriculum or in-service education programs in nursing homes should emphasize culture sensitive care. In designing an educational program, there are two facts to be emphasized. First, showing respect to elders and families is very important to establishing and maintaining a trust relationship. Since Korean-American elders are reluctant to reveal their feelings, building a trust relationship and providing enough time consistently to ventilate their feelings will enable health professionals to approach them. Second, family members must be involved in caring for elderly Korean people since family is the basic social unit in Korean society. Establishing rapport with family members and involving them in elderly care as much as possible is required for the best care of elderly Korean people. For example, when nurses confront difficulties in providing care to elders, family members will be able to change elders' behavior or if it's impossible, will gladly provide care themselves. To provide culturally competent care for Korean-American elders, developing a trust relationship by showing respect and involving family members in care should be considered.

Nursing Research

The results from this study have several implications and recommendations for research. First, among many other reasons, avoiding being a burden to their family made Korean-American elders accept the nursing home and try to adjust. Although they felt betrayed, abandoned, ashamed, lonely, disgusted, and miserable about nursing home admission, they were able to attempt to adjust to the nursing home when they thought of relieving their family's burden. Yielding and sacrificing for family, maintaining harmony and not causing conflict with family by admitting to a nursing home made them endure the

difficult transitional period. Based on this finding, it is suggested to explore how Korean cultural values affect the Korean-American elders in adjusting to the nursing home.

This study found that the Korean-American elders' personal characteristics, physical condition and cultural background strongly influenced the adjustment consequences. In other words, internal determinants affect consequences more than external factors. In many cases, elders revealed their personal philosophy or attitude about how to deal with the new environment and remained in a stable emotional status throughout the study period. However, the degree of influence of the internal determinants on the consequences is not clear. Findings from this study suggest further study with a large sample size.

Findings concerning the external facilitators and barriers suggest a need for culture specific care. Providing Korean food, abolishing language barrier, understanding cultural background, showing respect to maintain relationships, and allowing oriental medical remedies by establishing policy and procedure are essential in caring for Korean-American elderly people in nursing homes. However, there is no research result in nursing homes that explores the effectiveness of culture specific care. Further studies are needed to investigate this area.

Since communication barriers were considered the most difficult in adjusting to the nursing home, not only should an interpreter be provided, nursing staff need to allow enough time for elders to ventilate their feelings and build up a trust relationship to be able to care for elders. If the elders don't express their concerns to staff, staff may use family members. Studies are needed to investigate the Korean-American elders' communication style in order to provide effective care.

Study participants' average periods stayed in the United States since immigration was 19.8 years. A comparison study of elderly people in Korea with those living in the United States suggested to explore whether a Westernized living style influenced them in a positive way.

In order to identify and provide culturally appropriate care, culturally relevant instruments need to be constructed.

The question remains of whether the theoretical model of the transition to nursing homes of Korean-American elders describes the process of nursing home adjustment in Korea or other places. Since there is no previous study for the Korean-American elders' transition in the nursing home, further longitudinal studies examining these questions with other larger groups are suggested.

Conclusion

As society is changing with increasing life expectancy and fewer children taking care of their aging parents, elder care is not only a family issue but also a social issue. The United States is rapidly becoming a multicultural society, and the government pays great attention to the elderly care of diverse ethnic backgrounds. Korean-Americans in the United States are one of the fastest growing ethnic minorities, and KA elders tend to move into nursing homes rather than live with their families in their later lives. Some of them encounter great challenges in dealing with nursing home admission due to the lack of ethno-cultural and linguistic services, and weakening filial piety. Development of policy and procedure considering cultural factors for elders in the nursing home is an urgent task. Since Asian elders are family centered, nursing home services should consider their families. It is also recommended that aging KA parents be more self-sufficient and

independent to maintain harmonious relationships with their children instead of clinging to an unrealistic traditional expectation of filial piety.

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APPENDIX A

**SUMMARIZED REVIEW OF RESEARCH LITERATURE RELATED TO
TRANSITION TO NURSING HOME**

Author/Purpose	Study Design	Data Collection	Finding
Brooke (1989). The purpose of this study was to identify phases elderly residents pass through in the process of adjusting to a nursing home.	Grounded theory methodology	42 elders were interviewed two to five times a week for 8 months. Interview questions were "What is it like to live here?" "How has your day been?"	Four major phases emerged: disorganization, reorganization, relation building, and stabilization. Within 8 months, 93% of the residents had stabilized. Voluntary admitted residents described good and bad staff qualities. However to involuntary residents, all staff were alike.
Chenitz (1983). To generate nursing practice theory that could guide nursing intervention during transitional period to a nursing home.	Grounded theory methodology	30 elders in 2 nursing homes were interviewed from the time of admission, several times each week for 6-9 months.	4 basic conditions affecting elders response were identified: 1. Centrality (independence, autonomy, control over their life or how and where they would die, voluntary) 2. Desirability of the move 3. Legitimation (plausible reason for the admission) 4. Reversibility Residents showed either acceptance or resistance (resigned resistance – crying, sad expression; forceful resistance – angry silence, refuse care).
Iwasiw, Goldenberg, MacMaster, McCutcheon, & Bol (1996). To investigate residents' perspectives of their first 2 weeks in a nursing home.	Constant comparative method of qualitative analysis	12 residents were interviewed to determine their needs, priorities, expectations, & views about facilitators of adjustment in nursing home. Specific questions were "What are the experiences in 2 weeks in a nursing home?" "What are the needs,	Results were classified into four categories: 1. Emotional reaction 2. Transition activities a. Decision making b. Moving out and moving in c. Trying to make nursing home feel like home d. Maintaining previous relationships and beginning new ones e. Fitting in 3. Reflecting their situations 4. Connecting with a personal philosophy

		priorities, and expectations during their first 2 weeks?" "What are the facilitators to adjust in a nursing home?"	
Iwasiw, Goldenberg, Bol, & MacMaster. (2003). To explore perspectives, needs, and expectations of the residents' first year in a LTCF.	Longitudinal, narrative method.	Semi-structured interviews with 6 residents and 3 family members of the resident's first year in a LTCF. Interviews were done at 2 & 6 wks, 3,6,9, & 12 months after admission.	6 themes emerged: decision-making associated with moving in, fitting in, maintaining previous relationships and establishing new ones, emotional reactions, reflecting on the situation, & maintaining identity: Personhood.
Lee (1997). To explore the perceptions of residential care placement among Chinese elders people in Hong Kong.	Content analysis	Semi-structured interviews with 20 community residents. Questions were "What are feelings towards residential care placement?" "What are their beliefs about different aspects of residential care and how are these being formed?"	40% community elders feel likelihood of nursing home due to different values or lifestyles of their children. They had mixed feeling that nursing home is an unavoidable alternative to family care, and their source of fear. Nursing home were seen as 'dumping place'. Quality of care was anticipated to be problematic. Negative images of nursing home were formed indirect experience through listening to stories of neglect or abuse from friends and relatives.
Lee (1999). To explore the experiences of transition into nursing home among Chinese elders in Hong Kong.	Content analysis	10 elders in a nursing home were interviewed within 1 week of admission. Interview questions were "How has your day been?" and "What has it been like to be here?"	The Chinese values of balance, harmony and collectivism have made adjustment easier to remain open and accept the communal way of living. Yet, same values have restricted the elders in developing new relationships with staff and other residents. Barriers to adjustment to residential care, such as living with rules and regulations, lack of privacy and

			autonomy were not regarded as important by the Chinese elders.
Lee, Woo, & Mackenzie (2002). To describe the process whereby Chinese residents adjust following nursing home placement.	Grounded theory methodology	98 interviews with 18 residents newly admitted to a nursing home in Hong Kong one week after admission and then monthly until no new information could be collected.	Newly admitted elders adjusted through the 4 stage of orienting, normalizing, rationalizing, & stabilizing as they struggled to regain normality with life. Orienting: 2 wks ~ 1 month. Realistic understand rules and regulations. Normalizing: 3 wks ~ 5 th months. Tries to maintain a lifestyle close to that before admission. Rationalizing: Struggle to protect own "face" and that of their families. Define nursing home as "second home". Stabilizing: 5 ~ 6 months. Resignation from previous life, peaceful, take things easy, tolerant, thankful and begin to join activities. Rules and regulation, communal nature was not barrier to Chinese elders except in establishing relations with others.
Lee, Woo, & Mackenzie (2002). To review literature critically related to older people's experiences with residential care placement, with an attempt to identify knowledge.	Literature reviews and meta-analysis	Review articles from the years 1970-2000. Keywords used for the research included residential care, nursing and residential care homes, adjustment, older people, and relocation. Articles were identified through the CINAHL, PSYCINFO,	While articles understanding older people's pre and post-placement experiences were abundant, only a few of literature on the actual experiences described day to day adjustment after relocation. Identified a need for future research about dynamic processes of how older people come to terms with residential living. Need to focus on developing an accurate understanding of the adjustment experiences of elders with

		MEDLINE, & Sociological abstracts.	different ethnic background.
Wilson (1997). To study initial experiences of elderly people's nursing home transition when the admission was planned or unplanned.	Grounded theory methodology	15 elders were interviewed 24 hours after admission, every other day for 2 weeks, and 1 month after admission. Interview question was "What are initial experiences of elders in making the transition to nursing home life when the admission was planned or unplanned?"	Transition to nursing home life was demonstrated in three phases: overwhelmed, adjustment, and initial acceptance phase. Overwhelmed phase: feelings of loneliness, sadness, crying, being afraid, and sense of loss. Adjusting to the small space and lack of privacy was a problem. The environment was a factor in selecting a nursing home. Adjustment phase: begin to think about the future and everyday living. Have a positive attitude, established new social networks, concerns relating to control and autonomy. Initial acceptance phase: self- confidence was increased, involved in activities, made new friends, realized they had a future, and starting to feel like home.

APPENDIX B

INTERVIEW GUIDES

Interview Guides

Interview Questions upon Admission:

1. Please tell me your living situation before you were admitted to nursing home.
2. Please tell me when the decision was made to enter a nursing home.
3. Who was the most influential person in the decision making process?
4. Why did you decide to be admitted to a nursing home?
5. How did you feel when you thought about moving to a nursing home?
6. What are your concerns or hopes in nursing home life?

Interview Questions One Month after Admission:

1. What is the experience of nursing home life like?
What has been helpful or bothersome to you during the past one month?
2. Please tell me about your experience of the nursing home life compared with what you expected?
How do you feel at this time after admission to a nursing home?
3. What suggestions would you give to someone who needs to relocate to a nursing home?
4. What suggestions would you give to staff when a new resident moves into a nursing home?
5. What suggestions would you give to family members when a new resident moves into a nursing home?
6. Is there anything else you would like to know or say about moving to a nursing home?

APPENDIX C

DEMOGRAPHIC INFORMATION FORM

Participant's Demographic Information

Participant's Identification:

Birth Date:

Marital Status: 1. Married 2. Widow 3. Other

Religion: 1. Protestant Christian 2. Catholic 3. Buddhism 4. None
5. Other

Education:

Immigration Date:

Date of Admission to a Nursing Home:

Number of Children:

APPENDIX D

SAMPLE LETTER OF PERMISSION

May 26, 2004

University of San Diego
Committee on the Protection of Human Subjects
5998 Alcala Park
San Diego, CA 92110

To Whom It May Concern

It is my great pleasure to support Myungja Hahm in her research proposal regarding "Transition to nursing home of Korean-American elders." Currently, 80 Korean-American elders are reside in my institution. I am aware the purpose of the project and I will provide appropriate meeting rooms and support as needed for the project. I will also encourage my staff to provide necessary assist the project. I understand this project is based on voluntary participation of each resident.

I am very interested in support this project and I believe many Korean older persons will benefit from this study. If you have any questions, please feel free to contact me.

Sincerely,

Administrator of Facility #1

APPENDIX E

CONSENT TO PARTICIPATE IN THE STUDY

University of San Diego
Research Participant Consent Form (English)

Transition to Nursing Home of Korean-American Elders

Myungja Kim Hahm is a doctoral student in nursing at the Hahn School of Nursing and Health Science at the University of San Diego. You are invited to participate in a research project for the purpose of exploring Korean-American elders' perspectives during transitional period to a nursing home.

The project will involve one interview that asks questions about thoughts and feelings associated with admission to a nursing home. The interview will be about 60 to 90 minutes and will include a demographic questionnaire. The interview will be at a time and place convenient for you. Participation is entirely voluntary and you can refuse to answer any question or stop at any time. Should you choose to quit, your information will be destroyed right away. If you tell me during the interview that someone is hurting you, I am

legally required to report this. If you experience emotional distress during the interview, a referral will be provided to a mental health professional.

Your interview will be audio-tape recorded, written, coded, and studied in a manner that protects your identity. A transcriptionist who has signed a pledge of confidentiality will type the interview. Any information provided and/or identifying records will remain confidential and safeguarded in a locked safe/file for a minimum of five years.

The results of the research project may be made public and information quoted, but all individual data will remain anonymous and confidential. Participation or nonparticipation or refusal to answer questions will not affect on services that you are entitled to receive from health or social services providers. There may be a risk that you will become tired during the interview. The benefits you expect from participation are talk with someone about your experience and the satisfaction of contributing to nursing knowledge.

If you have any questions about this project, please contact me, Myungja Hahm at (949) 454-1016 or Dr. Patricia Roth, EdD, dissertation chairperson, the University of San Diego at (619) 260-4572.

I have read and understood this form, and consent to my voluntary participation in this research project. I have received a copy of this consent form for my records.

Signature of Participant

Date

Name of Participant (Printed)

Signature of Principal Investigator

Date

University of San Diego
Research Participant Consent Form (동의서)

Transition to Nursing Home of Korean-American Elders

저(함명자)는 샌디에고 대학 박사과정 학생이며 한국 노인분들의 양로병원 적응과정을 연구하기 위해 귀하를 본 연구에 초대하였습니다. 질문내용은 입원 후 어떻게 적응하게 되는지 혹은 적응을 돕기 위해서는 어떻게 해야 할 것인지에 대한 것에 관한 것입니다. 본 연구에 참여할 것을 동의하시고 또 대화내용이 테잎에 녹음되는 것에 이의가 없으시면 60분 내지 90분 동안 인터뷰를 하실 것입니다.

본 연구는 전적으로 귀하의 자발적인 참여를 원칙으로 하고 있습니다만 본 연구에 참여하시지 않으셔도 어떠한 불이익도 생기지 않을 것을 약속드리며 대화 중에 언제라도 인터뷰를 중단하실 수 있습니다. 이 동의서에 사인하시기 전에 질문이 있으시면 언제든지 질문해 주시기 바랍니다.

대화내용이 녹음된 테잎은 본 연구를 위해서 기록이 될 것이며 저 외에는 아무도 본 연구에 참여하신 분들의 성함을 알 수 없습니다. 귀하께서 제공하신 정보는 최소한 5년간 자물쇠가 채워진 캐비닛에 보관됩니다. 본 연구의 결과는 귀하의 실명을 밝히지 않고 발표될 것이며 개인적인 정보는 절대 누출되지 않을 것입니다. 대화도중에 피곤할 수도 있으나 귀하께서 제공하신 정보는 간호발전에 기여하게 될 것입니다. 본 연구에 질문이 있으시면 언제든지 함명자 (949) 454-1016 이나 지도교수인 Dr. Patricia Roth (619) 260-4572 께로 연락주시기 바랍니다.

나는 위의 설명을 이해하므로 자발적으로 위의 연구에 참여하기를 동의합니다.

Signature of Participant	이름	날짜	장소
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Signature of Principal Researcher	Date
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APPENDIX F

TRANSCRIBER'S PLEDGE OF CONFIDENTIALITY

Transcriber's Pledge of Confidentiality

I will be participating in the dissertation research project entitled:

Transition to Nursing Home of Korean-American Elders

I will be transcribing audio-tape recorded interviews into text. I will not know the names of the informants, but if I should recognize information that enables me to identify any of the participants I agree to maintain their anonymity and confidentiality. By signing this agreement I pledge to keep all information strictly confidential. I will not discuss the information I transcribe with any person for any reason. I understand that to violate this agreement would constitute a serious and unethical infringement on the informant's right to privacy.

Wesley Cho
Signature of Transcriber

5-30-2004

Date

Myungja Kim Hahm
Principal Investigator

5-30-2004

Date

APPENDIX H
PARTICIPANTS' DEMOGRAPHIC DATA

Participant's Demographic Information

Participant ID	Facility	Sex	Age	Marital Status	Religion	Education	Period in the U.S.	Date of Admission to N.H.	# of Children	# of Children in O.C.
1	2	F	94	W	Christian	0	26 yrs.	5-04	6 (1m, 6f)	1
2	1	M	74	W	Christian	12 yrs.	35 yrs.	9-04	5 (3m, 2f)	2
3	1	F	81	W	Christian	6 yrs.	24 yrs.	10-04	6 (2m, 4f)	1
4	1	F	88	W	Christian	0	30 yrs.	10-04	4 (2m, 2f)	2
5	1	M	89	M	Christian	> 16 yrs.	25 yrs.	11-04	5 (4m, 1f)	1
6	2	F	65	M	Christian	>16 yrs.	15 yrs.	2-05	2 (1m, 1f)	2
7	1	F	83	M	Christian	0	14 yrs.	3-05	2 (2m)	2
8	1	F	85	M	Christian	>16 yrs.	3 yrs.	4-05	4 (4m)	2
9	1	M	91	M	Christian	>16 yrs.	3yrs.	4-95	4 (4m)	2
10	2	F	83	W	Christian	6 yrs.	23 yrs.	5-05	4 (3m, 1f)	0
11	2	F	76	W	Christian	9 yrs.	23 yrs.	7-05	8 (2m, 6f)	3
12	2	M	84	M	None	12 yrs.	10 yrs.	7-05	3 (2m, 1f)	1
13	1	M	101	M	Buddhism	12 yrs.	25 yrs.	7-05	5 (2m, 3f)	0
14	2	F	91	W	Christian	0	20 yrs.	7-05	5 (3m, 2f)	2
15	1	M	83	W	None	6 yrs.	22 yrs.	8-05	5 (4m, 1f)	3

APPENDIX I
DIAGNOSTIC CATEGORIES

Diagnostic Categories

Participant ID: Diagnoses

- 1: Arthritis, Osteoporosis, Congestive Heart Disease, Atrial Fibrillation, Peptic Ulcer Disease, Hypertension, Dementia.
- 2: Hypertension, Insulin Dependent Diabetes Mellitus, Atrial Fibrillation, CVA with Left Hemiparesis.
- 3: Hypertension, Non-Insulin Dependent Diabetes Mellitus, Hx. of Intestinal Hernia, Arthritis.
- 4: End Stage Renal Failure, Dialysis, Insulin Dependent Diabetes Mellitus, Hx. Multiple Falls.
- 5: Liver Ca., Hypertension.
- 6: Blind OU, Insulin Dependent Diabetes Mellitus.
- 7: Arthritis, Hypertension, GERD, Restless Leg Syndrome.
- 8: Hypertension, General Weakness, Hx. of Stroke with Right Sided Weakness, Arthritis.
- 9: Asthma, Hypertension, Blind at Left Eye, Hx. of Fracture at Left Rib.
- 10: Hx. of Multiple Falls, CVA with Left sided Hemiparesis.
- 11: Asthma, Atrial Fibrillation, Rheumatoid Arthritis.
- 12: Insulin Dependent Diabetes Mellitus, End Stage Renal Disease, Dialysis.
- 13: Osteoarthritis, Anemia, Hypertension, GERD, Dementia, Prostate CA, Back Pain.
- 14: Pneumonia, Progressive Weakness.
- 15: Hypertension, Non-Insulin Dependent Diabetes Mellitus, Vertebral Hernia, CVA with Left sided Weakness.